

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

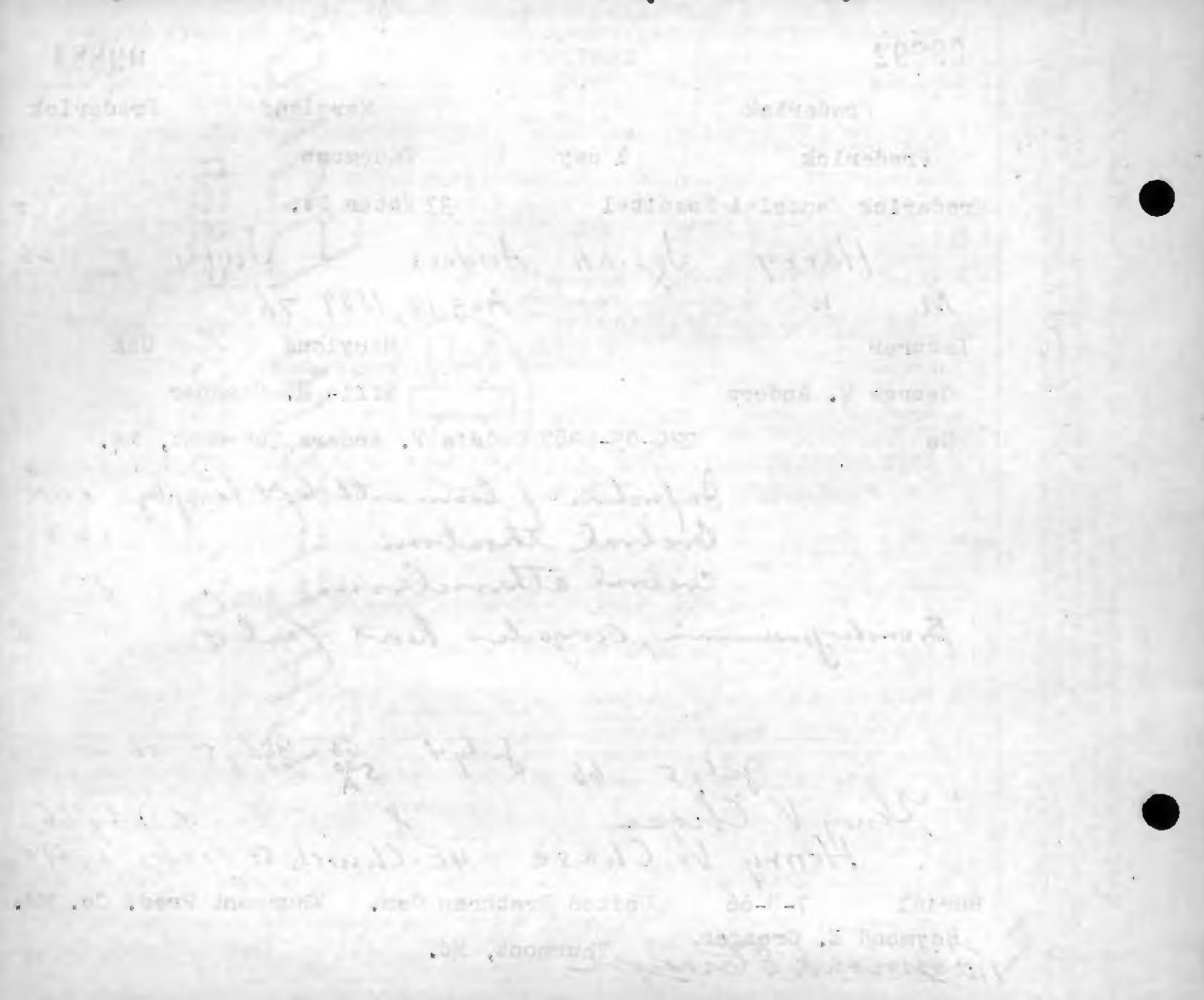
1 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

09892

CERTIFICATE OF DEATH

09884

1. PLACE OF DEATH a. COUNTY		Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)		a. STATE Maryland b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Frederick		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
				1 day		Thurmont		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		Frederick Memorial Hospital		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Harry	Middle Josiah	Last Anders	4. DATE OF DEATH	Month July	Day 5	Year 1966
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. KIN OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
M		W	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	Aug 14 1889	76 yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Maryland	USA
Laborer		10b. KIN OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME		George W. Anders		14. MOTHER'S MAIDEN NAME		Effie M. Messner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address		
No		220-05-6987		Goldie P. Anders		Thurmont, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Infarction of brain with left hemiplegia 1 wk</i>								
33-2 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.								
OUE TO (b) <i>Cerebral thrombosis</i> 1 wk								
OUE TO (c) <i>Cerebral atherosclerosis</i> yes.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Bronchopneumonia, congestive heart failure</i>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> (CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)								
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY		Month, Day, Year	20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)	
Hour a.m. p.m.		19	While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>					
21. I certify that (I) (this hospital) attended the deceased from <i>July 4, 1966</i> , to <i>July 5, 1966</i> , that (I) (we) last saw the deceased alive on <i>July 5, 1966</i> , and that death occurred at <i>5:20 M.</i> from the causes and on the date stated above.								
22a. SIGNATURE <i>Henry V. Chase</i>								
22b. DATE SIGNED <i>5 July 66</i>								
22c. PHYSICIAN'S NAME (Type)		Henry V. Chase		22d. ADDRESS		23d. LOCATION (City, town or county) (State)		
Burial		7-8-66		United Brethren Cem.		Thurmont Fred. Co. Md.		
24. FUNERAL DIRECTOR		Raymond E. Greager		ADDRESS		25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE	
Raymond E. Greager				Thurmont, Md.		JUL 7 1966	Charles Judge	
VR A15 (4) 20M 1/65								



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and 11 any event, within 72 hours after death.

1 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

09893

CERTIFICATE OF DEATH

09885

1. PLACE OF DEATH a. COUNTY	FREDERICK MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. STATE Maryland	b. COUNTY Fred. ✓			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 1D 2 1/2 dys		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Mt. Airy 10-1				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial			d. STREET ADDRESS Rt. #2		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)	First Michael	Middle Alan	Last ARNOLD	4. DATE OF DEATH July 3 1966	Month July	Day 3	Year 1966
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 29 1966	9. AGE (in years last birthday) 42 yrs.	10. UNDER 1 YEAR Months 4	11. UNDER 24 HRS Days 4	12. UNDER 24 HRS Hours 4 Min. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) FREDERICK MD		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME KENNETH ALBERT ARNOLD		14. MOTHER'S MAIDEN NAME JEAN ANN SUMMERS		Address Hospital Records			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT		INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 7625 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Atelectasis, neonatal (c) IMMATURITY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work p.m. 19 Not While at work		20d. INJURY OCCURRED		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from 29 June, 1966 to 3 July, 1966, that (I) (we) last saw the deceased alive on 2 July 1966, and that death occurred at 2:45 AM from the causes and on the date stated above.							
22a. SIGNATURE R L Guest				22b. DATE SIGNED			
22c. PHYSICIAN'S NAME (Type)		M.D. ATTENDING PHYS.		MED. DIRECTOR		STAFF PHYS. <input type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) RELEASE TO HOSPITAL		23b. DATE THEREOF 7/3/66		23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS FREDERICK MEMORIAL HOSPITAL		23d. LOCATION (City, town or county) FREDERICK, FREDERICK MD.	
24. FUNERAL DIRECTOR P. David Youngdale				25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE Charles Judge	
DATE JUL 8 1966							

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FOR STATE
HEALTH DEPT.

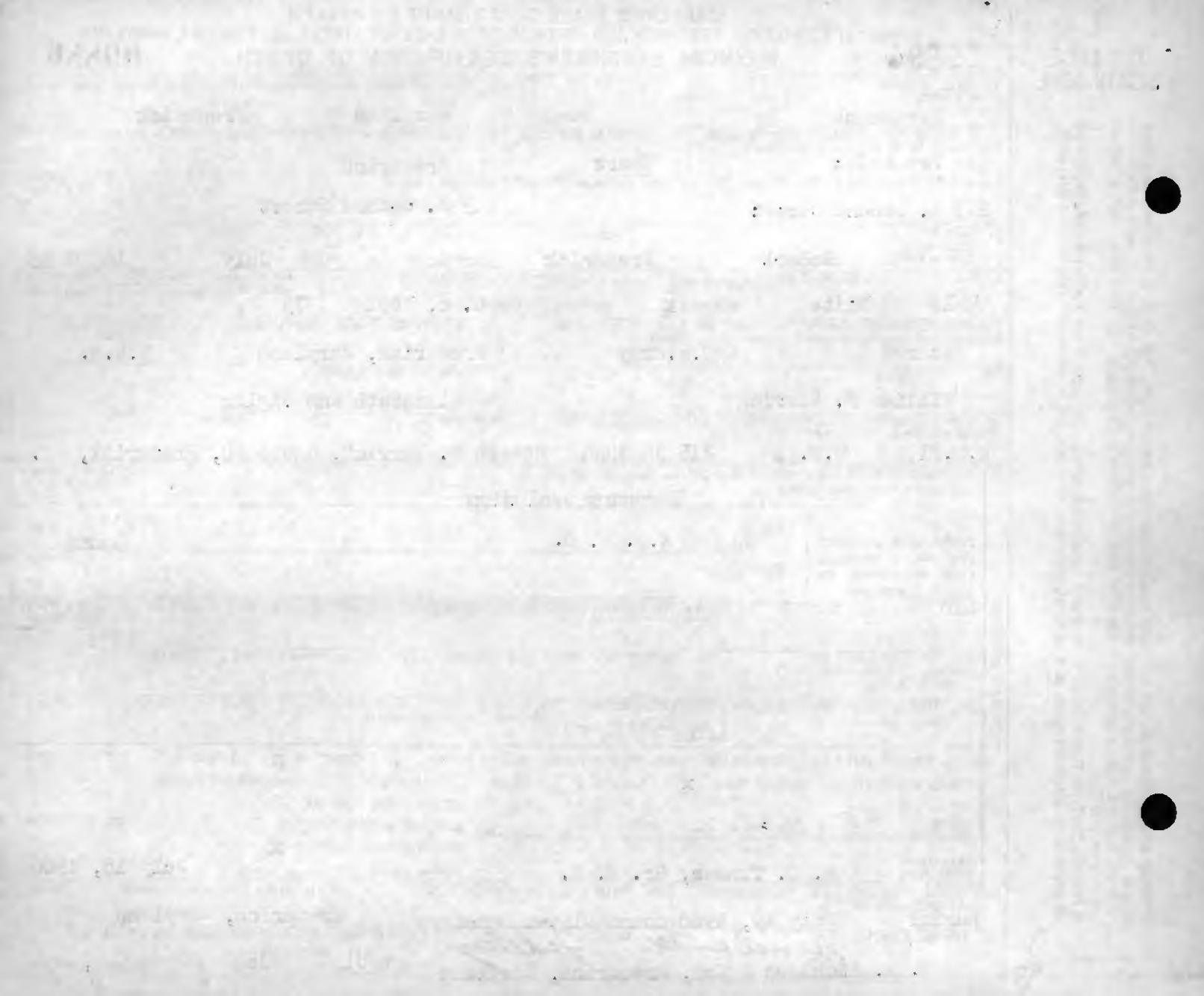
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18, above Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09894 09886

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick 10-1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 213 E. Second Street		d. STREET ADDRESS 213 E. Second Street	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Robert First Frederick Middle Barrick Last		4. DATE OF DEATH Month July Day 16 Year 1966	
5. SEX Male 6. COLOR OR RACE White 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> 9. AGE (in years last birthday) Sept. 6, 1892 73 yrs.		10. IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HRS. Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY U.S. Army	
11. BIRTHPLACE (State or foreign country) Frederick, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William F. Barrick		14. MOTHER'S MAIDEN NAME Elizabeth Ann Sigler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) W.W. #1		16. SOCIAL SECURITY NO. 215 34 3444 17. INFORMANT Robert F. Barrick, Route #4, Frederick, Md. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion			
4201 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) A.S. H. D.		Years	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
ACTUAL SIGNATURE B. O. Thomas		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) B. O. Thomas, Sr. M. D.		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
		Address (Street, city, town, or county) July 18, 1966	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 19, 1966 23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery 23d. LOCATION (City, town or county) (State) Frederick, Maryland	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS 1000 E. Frederick Street 25a. REC'D BY REGISTRAR July 22, 1966 25b. REGISTRAR'S SIGNATURE Charles Judge	



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The law requires that the

attending physician and completely filled in by the funeral permit. Then please remove carbon papers. Pages 1 and 2, 1, or removal, and in any event, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, page 4, may be retained by the hospital or attending physician.

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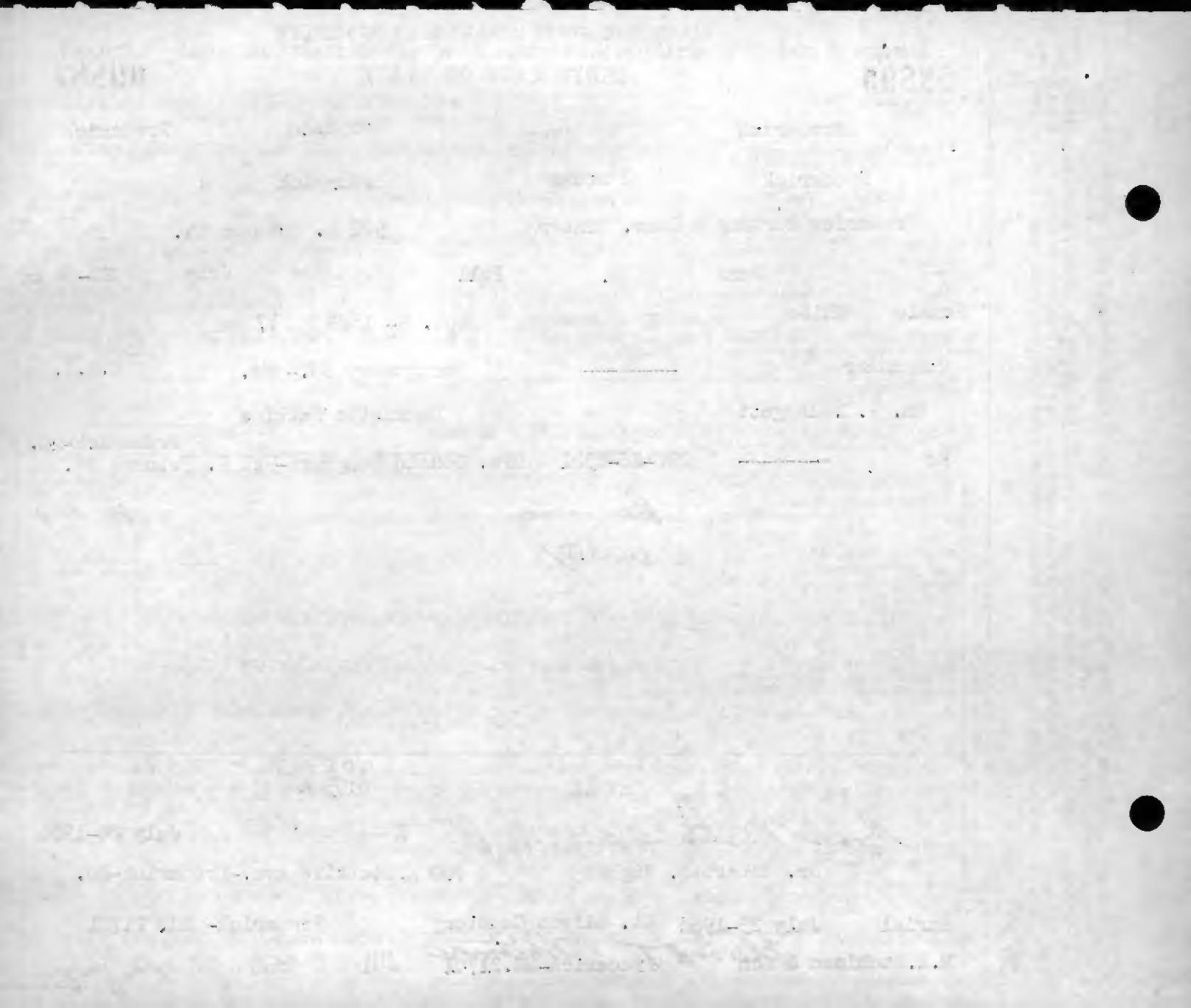
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09887

1. PLACE OF DEATH a. COUNTY Frederick			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. STATE Maryland b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 2 weeks		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Frederick Nursing & Conv. Center			d. STREET ADDRESS 521 E. Potomac St.		
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)	First Emma	Middle E.	Last Bell	4. DATE OF DEATH July	Month Year Day 20-19 66
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 5- 1888	9. AGE (in years last birthday) 77 yrs.	10. IF UNDER 1 YEAR OR UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) Montgomery Co.- Md.	
13. FATHER'S NAME Wm. F.L.Claggett			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes give war or dates of service) No		16. SOCIAL SECURITY NO. 220-26-2341		17. INFORMANT Mrs. Donald Musgrove-521 E. Potomac St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 493 X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO seunonia			Address Brunswick-Md. INTERVAL BETWEEN ONSET AND DEATH few day		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED White at work <input type="checkbox"/> Not White at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from _____, 1965, to 7-20-, 1966, that (I) (we) last saw the deceased alive on <u>July 1966</u> , and that death occurred at 6:05 P.M. from the causes and on the date stated above.					
22a. SIGNATURE <u>Robert Martin S. Hughes</u>			22b. DATE SIGNED July 20-1966		
22c. PHYSICIAN'S NAME (Type) Dr. Robert S. Hughes		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> 22d. ADDRESS 700 Montclair Ave.-Frederick-Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 23-1966		23c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet Cemetery	
24. FUNERAL DIRECTOR M.R. Etchison & Son		ADDRESS Elwood Whitmore Frederick-Md. 21701		23d. LOCATION (City, town or county) (State) Frederick- Md. 21701	
25a. REC'D BY REGISTRAR DATE		25b. REGISTRAR'S SIGNATURE Charles Judge			



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

09896

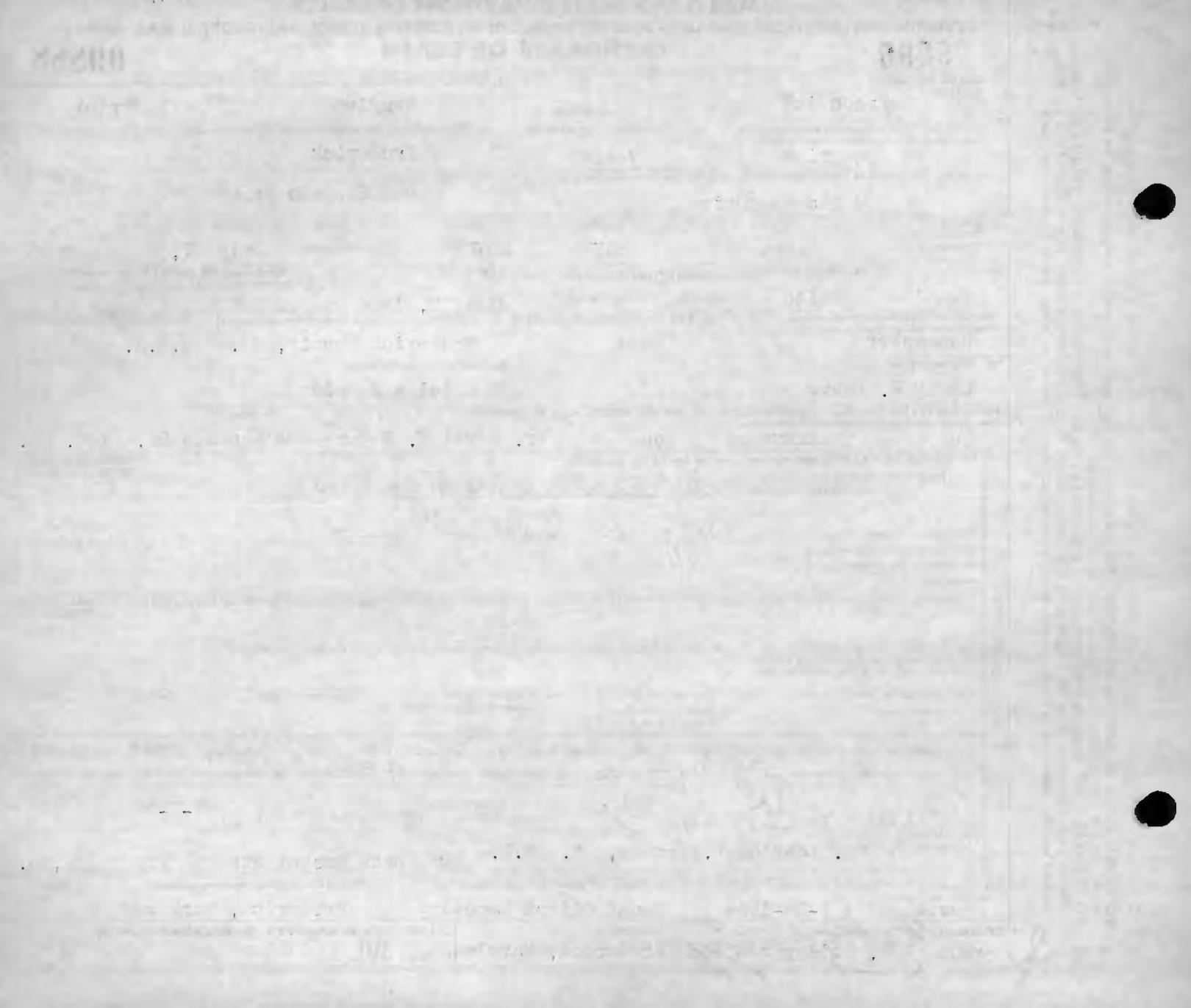
CERTIFICATE OF DEATH

09888

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick years		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 804 Shawnee Drive		d. STREET ADDRESS 804 Shawnee Drive	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) HELEN MAY BOYER		4. DATE OF DEATH July 7, 1966	Month Day Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH June 2, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY None	
10c. BIRTHPLACE (County & State, or foreign country) Frederick County, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Emory B. Lease		14. MOTHER'S MAIDEN NAME Estelle Burrier	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> No		16. SOCIAL SECURITY NO. XXXXXX	
17. INFORMANT Mr. Merhl T. Boyer		Address 804 Shawnee Dr. Fred. Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 7100 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) DUE TO } (c) DUE TO } (d) DUE TO } (e) DUE TO } (f) DUE TO } (g) DUE TO } (h) DUE TO } (i) DUE TO } (j) DUE TO } (k) DUE TO } (l) DUE TO } (m) DUE TO } (n) DUE TO } (o) DUE TO } (p) DUE TO } (q) DUE TO } (r) DUE TO } (s) DUE TO } (t) DUE TO } (u) DUE TO } (v) DUE TO } (w) DUE TO } (x) DUE TO } (y) DUE TO } (z) Ch. Congestive heart failure Dysgue Scleroderma		INTERVAL BETWEEN ONSET AND DEATH 18 mos 10 yrs +	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While Not While at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from 1956 to 7 July, 1966, that (I) (we) last saw the deceased alive on 5 July, 1966, and that death occurred at 4 P.M., from the causes and on the date stated above.		22b. DATE SIGNED 7-7-1966	
22c. SIGNATURE Charles H. Conley, Jr. M.D.		ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>
22c. PHYSICIAN'S NAME (Type) Dr. Charles H. Conley, Jr. M.D.		22d. ADDRESS 228 North Market Street Frederick, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 7-10-1966	
23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Mount Olivet Cemetery Frederick, Maryland		23d. LOCATION (City, town or county) (State) Frederick, Maryland	
24. FUNERAL DIRECTION SIGNATURE Robert E. Bailey and Son		25a. REC'D BY REGISTRAR DATE JUL 12 1966	
25b. REGISTRAR'S SIGNATURE Charles Judge			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

09889

1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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CC897

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. STATE MARYLAND		b. COUNTY									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Ijamsville		c. LENGTH OF STAY IN lb 1 year		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE		d. STREET ADDRESS 5307 FERNPARK AVENUE #7									
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Riggs Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print)	First Anna	Middle Chipman	Last 	4. DATE OF DEATH Month July	Month 3	Day 19	Year 66								
5. SEX F	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH MM/DD/YY	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 	IF UNDER 24 HRS. Days 	Hours 	Min. 							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hswife		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA									
13. FATHER'S NAME Harry Macht		14. MOTHER'S MAIDEN NAME NELLIE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		INFORMANT MR. NOLAN P. CHIPMAN, 408 JEFFERSON BLDG. #4									
16. SOCIAL SECURITY NO. -		17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		18. INTERVAL BETWEEN ONSET AND DEATH 2 yrs											
DUE TO 4/20/66		b) Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. 		c) DUE TO 											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) none		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>													
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour <input type="checkbox"/> a. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 		20f. (City or town) 		(County) 		(State) 	
21. I certify that I attended the deceased from Sept 30, 1965 to July 3, 1966 that I last saw the deceased alive on July 3, 1966 , and that death occurred at 12:14 PM , from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Ijamsville Md.		DATE SIGNED July 3 66											
ACTUAL SIGNATURE Joseph Lerner		PHYSICIAN'S NAME (Type) Joseph Lerner		22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 7/5/66		22c. NAME OF CEMETERY OR CREMATORIAL BETH TFILOH		22d. LOCATION (City, town, or county) BALTIMORE, MARYLAND		(State) 			
23. FUNERAL DIRECTOR'S SIGNATURE SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN		ADDRESS 		24a. REC'D BY REGISTRAR JUL 6 1966		24b. REGISTRAR'S SIGNATURE Charles J. Lerner									

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

99898

CERTIFICATE OF DEATH

09890

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		b. COUNTY Frederick	
c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital		d. STREET ADDRESS 708 North Market St.	
3. NAME OF DECEASED (Type or print) MARY ELLEN		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
4. SEX Female		5. COLOR OR RACE White	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
7. WIDOWED <input checked="" type="checkbox"/>		8. DATE OF BIRTH May 2, 1892	9. AGE (In years last birthday) 74 yrs.
9. IF UNDER 1 YEAR Months Days		10. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of Nursing Home		10b. KIND OF BUSINESS OR INDUSTRY Nursing Home	
11. BIRTHPLACE (County & State, or foreign country) Frederick County, Md.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Samuel Wesley Rodgers		14. MOTHER'S MAIDEN NAME Sarah Naille	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 217-32-5611	
17. INFORMANT Mrs. Daniel C. Poole		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO Myocardial infarction		3 weeks	
(c) DUE TO Arteriosclerotic vascular disease		5 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Thromia		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED Month, Day, Year p.m. 19		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from July 13, 1966, to July 13, 1966, that (I) (we) last saw the deceased alive on July 13, 1966, and that death occurred at 4:05 P.M. from the causes and on the date stated above.		22b. DATE SIGNED 7-13-1966	
22a. SIGNATURE LeRoy T. Davis M.D.		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
22c. PHYSICIAN'S NAME (Type) Dr. LeRoy T. Davis M.D.		22d. ADDRESS 228 N. Market Street Frederick, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 7-16-1966	
23c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		23d. LOCATION (City, town or county) (State) Frederick, Maryland	
24. FUNERAL DIRECTOR'S SIGNATURE Robert E. Darley and Son		ADDRESS Frederick, Maryland	
25e. REC'D BY REGISTRAR DATE JUL 18 1966		25b. REGISTRAR'S SIGNATURE Charles Judge	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and, in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND															
CERTIFICATE OF DEATH															
1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick											
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick Life				c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick											
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Montevue Infirmary				d. STREET ADDRESS 232 East Church Street											
3. NAME OF DECEASED (Type or print) WILLIAM HENRY DAVIS				First	Middle	Last	4. DATE OF DEATH July 14, 1966	Month	Day	Year					
5. SEX Male		6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED <input checked="" type="checkbox"/>	DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 24 May 1902	9. AGE (in years last birthday) 64 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Owner & Operator				10b. KIND OF BUSINESS OR INDUSTRY Taxi Business				11. BIRTHPLACE (County & State, or foreign country) Frederick, Md.				12. CITIZEN OF WHAT COUNTRY? U. S.			
13. FATHER'S NAME John N. Davis				14. MOTHER'S MAIDEN NAME Florence A. Wastler											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 220-05-1073				17. INFORMANT Address 7 Frederick Ave, Frederick, Md. 21701 Miss Naomi M. Davis,							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]															
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>5271</i> <i>Palmarony Cholangioma</i> DUE TO (b) <i>Arteriosclerotic Heart Dis</i> DUE TO (c)															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Stomach Ulcer & Varicose Veins</i>															
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)											
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>				20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)				20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from <i>Dec 3, 1955</i> to <i>July 14, 1966</i> , that (I) (we) last saw the deceased alive on <i>July 14, 1966</i> , and that death occurred at <i>M</i> , from the causes and on the date stated above.															
22a. SIGNATURE <i>Thomas E. Stone</i>															
22c. PHYSICIAN'S NAME (Type) Thomas E. Stone, M. D.				M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>				22b. DATE SIGNED 15 July 1966							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE THEREOF 7/16/66				23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Mount Olivet Cemetery				23d. LOCATION (City, town or county) (State) Frederick, Maryland			
24. FUNERAL DIRECTOR <i>Frank R. Smith Jr.</i> M. R. Etchison & Son, Frederick, Md. 21701				25a. REC'D BY REGISTRAR DATE JUL 18 1966				25b. REGISTRAR'S SIGNATURE <i>Charles J. ...</i>							

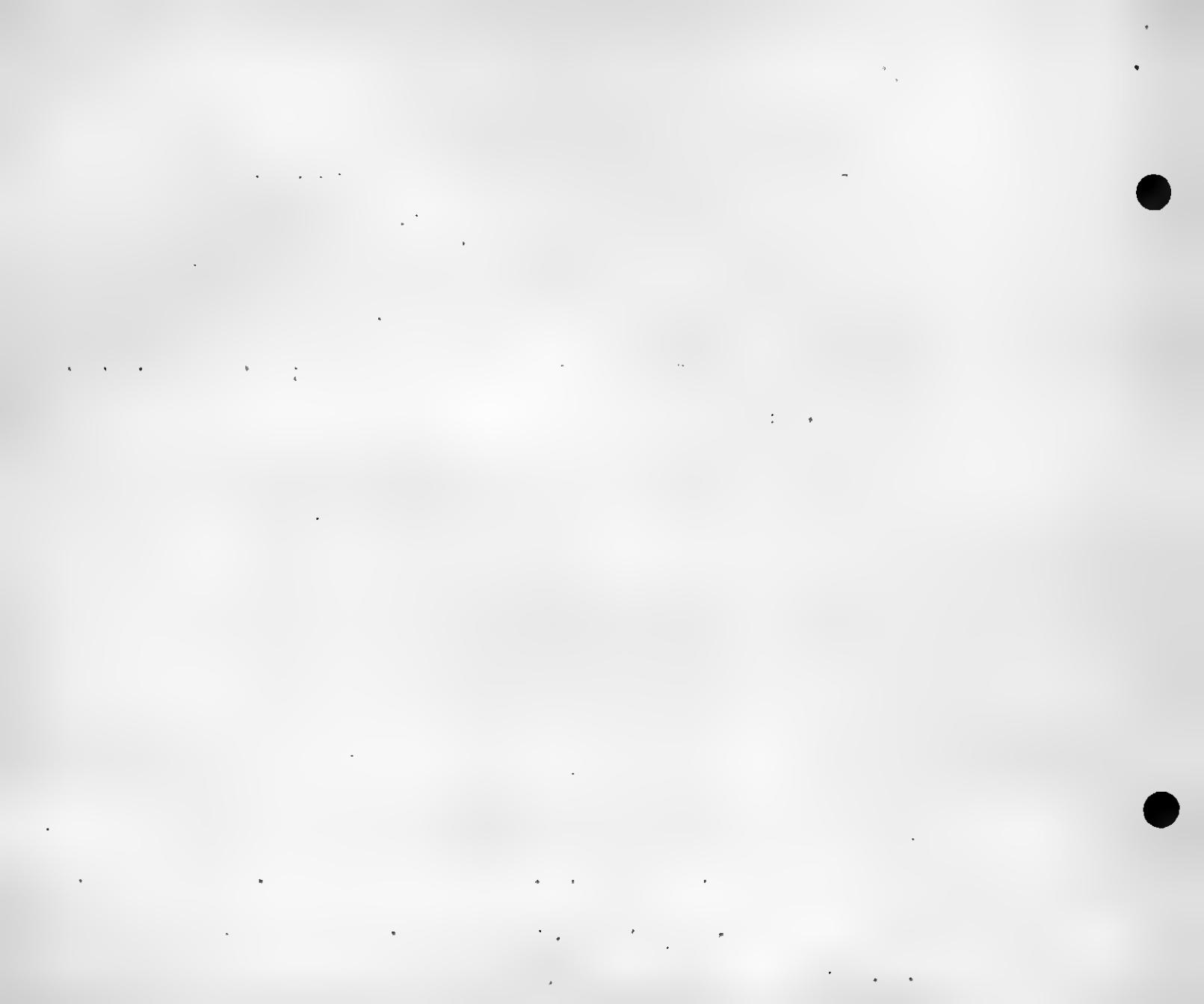


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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MEDICAL CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND										109592					
CERTIFICATE OF DEATH															
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)												
a. COUNTY			a. STATE												
Frederick			Maryland												
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			b. COUNTY												
Rural - Feagaville			Frederick												
c. LENGTH OF STAY IN 1b			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)												
Years			Rural - Feagaville												
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)															
Route # 4, Frederick															
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH	Month	Day	Year						
Eleanor			Elizabeth	Easterday		July		8	19 66						
5. SEX			6. COLOR OF RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS						
Female			White	WIDOWED	<input checked="" type="checkbox"/>	January 29, 1902	64 yrs.	Months	Days	Hours	Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (County & State, or foreign country)				12. CITIZEN OF WHAT COUNTRY?			
Housewife								Frederick County, Md.				U. S. A.			
13. FATHER'S NAME															
William G. Shafer															
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT			Address						
(If yes, give war or dates of service)			211-16-0586 D			Miss Virginia Easterday (Same as item #2)									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)										2 m					
13-4 Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.															
DUE TO (b) DUE TO (c)															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)															
20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)												
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)	(State)				
19															
21. I certify that (I) (this hospital) attended the deceased from 7/9/66 to 11/9/66, that (I) (we) last saw the deceased alive on 7/9/66, and that death occurred at 5 P.M. from the causes and on the date stated above.															
22a. SIGNATURE Robert S. Hughes.										22b. DATE SIGNED July 9, 1966					
22c. PHYSICIAN'S NAME (Type)										22d. ADDRESS 700 Montclaire Ave, Frederick, Md.					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE THEREOF July 11, 1966			23c. NAME OF CEMETERY OR CREMATORIUM St. Luke's Lutheran Cem.			23d. LOCATION (City, town or county) Feagaville, Maryland						
24. FUNERAL DIRECTOR Donald M. Fidley			ADDRESS M. R. Etchison & Son, Frederick, Maryland			25a. REC'D BY REGISTRAR Charles Judge			25b. REGISTRAR'S SIGNATURE						
VR A15 (4) 20M 1/65										DATE JUL 11 1966					



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

09901

CERTIFICATE OF DEATH

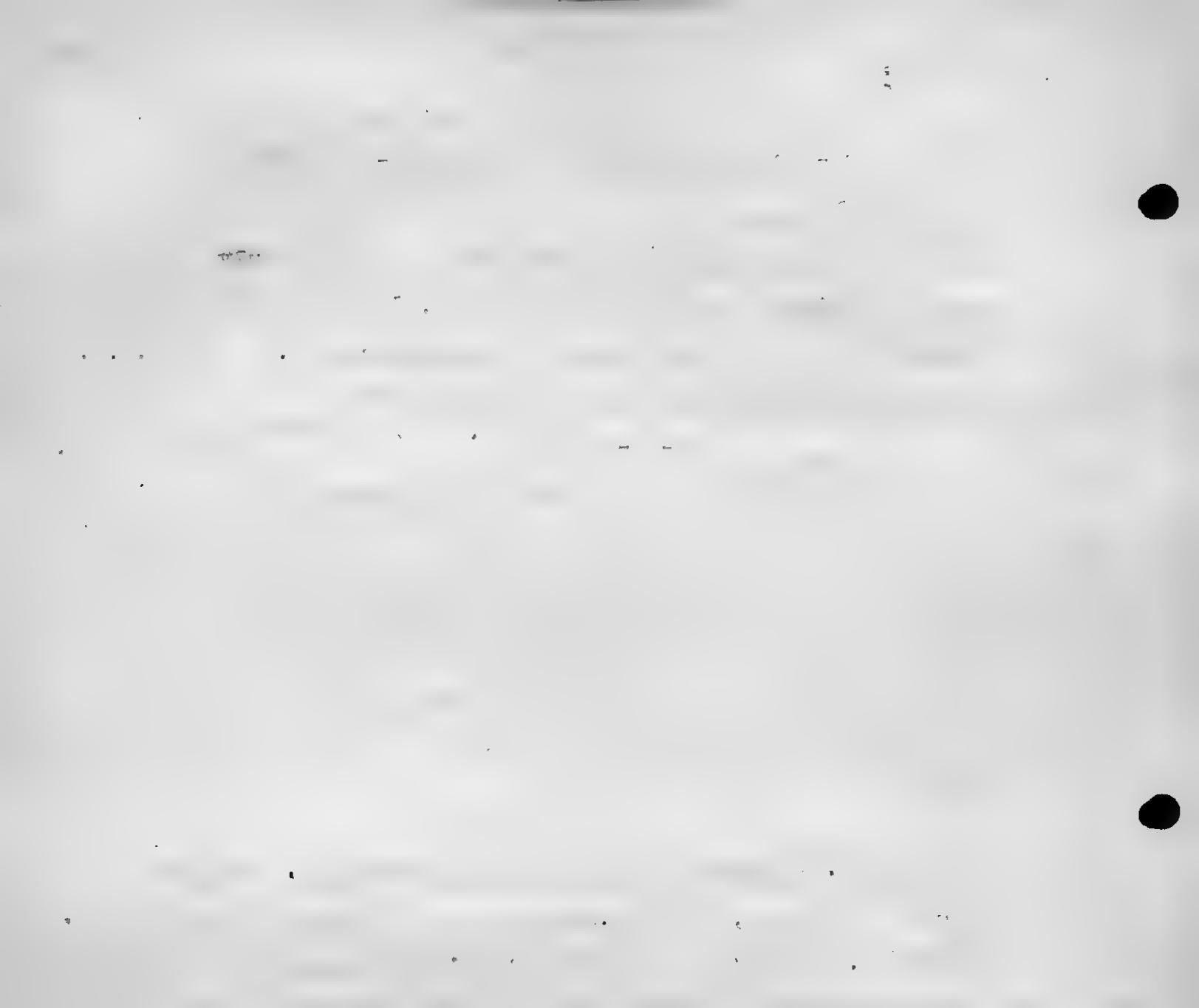
09893

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)	
Frederick MARYLAND		a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emmitsburg -Rural		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Emmitsburg	
c. LENGTH OF STAY IN lb Life		d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Own Home		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First	Middle
Mary Genevieve Eckenrode			Last
4. DATE DEATH		Month	Day
Female		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>
White		8. DATE OF BIRTH	9. AGE (In years last birthday) 88 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) Frederick, Co.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Margaret Roddy	
Henry Eckenrode		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war record or date of service) 219-54-0906	
16. SOCIAL SECURITY NO.		17. INFORMANT Miss. Bertha Eckenrode	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		Address Rural Emmitsburg, Md.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH Several years several years	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO Senility	
(b)		(c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
19			20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from <u>July 15</u> , 1966, to <u>July 15</u> , 1966, that (I) (we) last saw the deceased alive on <u>July 15</u> , 1966, and that death occurred at <u>3:30</u> AM, from the causes and on the date stated above.			
22e. SIGNATURE <u>W.R. Cadle</u>		M.D.	
22c. PHYSICIAN'S NAME (Type)		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
W.R. Cadle		22d. ADDRESS Emmitsburg, Maryland	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF July 18, 1966	23c. NAME OF CEMETERY OR CREMATORIAL ST Anthony	23d. LOCATION (City, town or county) Rural Emmitsburg
24. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Greager		ADDRESS Thurmont, Md.	25a. REC'D BY REGISTRAR DATE JUL 20 1966
			25b. REGISTRAR'S SIGNATURE Charles Judge



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND										109594			
CERTIFICATE OF DEATH													
1. PLACE OF DEATH a. COUNTY Frederick					2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland					b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick					c. LENGTH OF STAY IN 1b					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tuscarora 21790			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital					d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First NORMAN	Middle COURTLAND	Last FAIRALL	4. DATE OF DEATH July 23, 1966	Month	Day	Year					
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 4 Jan 1896	9. AGE (In years last birthday) 70 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS Days	12. IF UNDER 24 HRS Hours					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owned & Operated - Beverage Business			10b. KIND OF BUSINESS OR INDUSTRY Industry			11. BIRTHPLACE (County & State, or foreign country) Laurel, Maryland			12. CITIZEN OF WHAT COUNTRY? U. S.				
13. FATHER'S NAME William Fairall					14. MOTHER'S MAIDEN NAME Sophie Mallone								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. 217-01-7596			17. INFORMANT Mrs. Elizabeth Fairall (Same as item #2)			Address				
18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremic acidosis failure</i>										INTERVAL BETWEEN ONSET AND DEATH <i>days</i>			
DUE TO (b) <i>Uremic acidosis failure</i> years Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)								
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Frederick		(County) Maryland		(State) MD		
21. I certify that (I) (this hospital) attended the deceased from July 22, 1966 to July 23, 1966 , that (I) (we) last saw the deceased alive on July 22, 1966 , and that death occurred at 228 N. Market St. M, from the causes and on the date stated above.										22b. DATE SIGNED 23 July 1966			
22a. SIGNATURE <i>James B. Thomas, M. D.</i>										22b. DATE SIGNED 23 July 1966			
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS 228 N. Market St., Frederick, Md. 21701											
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 7/26/66		23c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		23d. LOCATION (City, town or county) Frederick, Maryland		(State) MD					
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md.		25a. REC'D BY REGISTRAR 21701		25b. REGISTRAR'S SIGNATURE Charles Judge		DATE JUL 25 1966							

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CS903

09895

CERTIFICATE OF DEATH

TO HOSPITAL **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page _____ be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)	
FREDERICK		c. LENGTH OF STAY IN 1b YEARS		a. STATE MARYLAND	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) WOODSBORO		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) WOODSBORO		b. COUNTY FREDERICK	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH Month Day Year
WILLIAM HENRY FILLER					July 6 1966
5. SEX M		6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC 14, 1897	9. AGE (In years last birthday) 68 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (County & State, or foreign country) MARYLAND	
13. FATHER'S NAME THOMAS FILLER		14. MOTHER'S MAIDEN NAME SARAH BURRIER		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> If yes give rank and date of service NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address 219-36-2572 RETA FILLER WOODSBORO MD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Recurrent myocardial infarction DUE TO Conditions, if any, which gave rise to immediate cause (b) Acute coronary thrombosis DUE TO (c)			
INTERVAL BETWEEN ONSET AND DEATH 76 min. 30 min.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from June 1966 to July 6, 1966 , that (I) (we) last saw the deceased alive on July 6, 1966 , and that death occurred at 10 PM , from the causes and on the date stated above.					
22a. SIGNATURE E. A. Dettibar		ATTENDING PHYS. <input checked="" type="checkbox"/>		22b. DATE SIGNED 7/8/66	
22c. PHYSICIAN'S NAME (Type) E. A. DETTIBAR		MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22d. ADDRESS Waldensville, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE THEREOF 7/9/66		23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS MT HOPE	
24. FUNERAL DIRECTOR'S SIGNATURE Powell Hartzler, Woodsboro, Md		23d. LOCATION (City, town or county) WOODSBORO		(State) MD	
25a. REC'D BY REGISTRAR Charles Judge		25b. REGISTRAR'S SIGNATURE		DATE JUL 11 1966	



1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

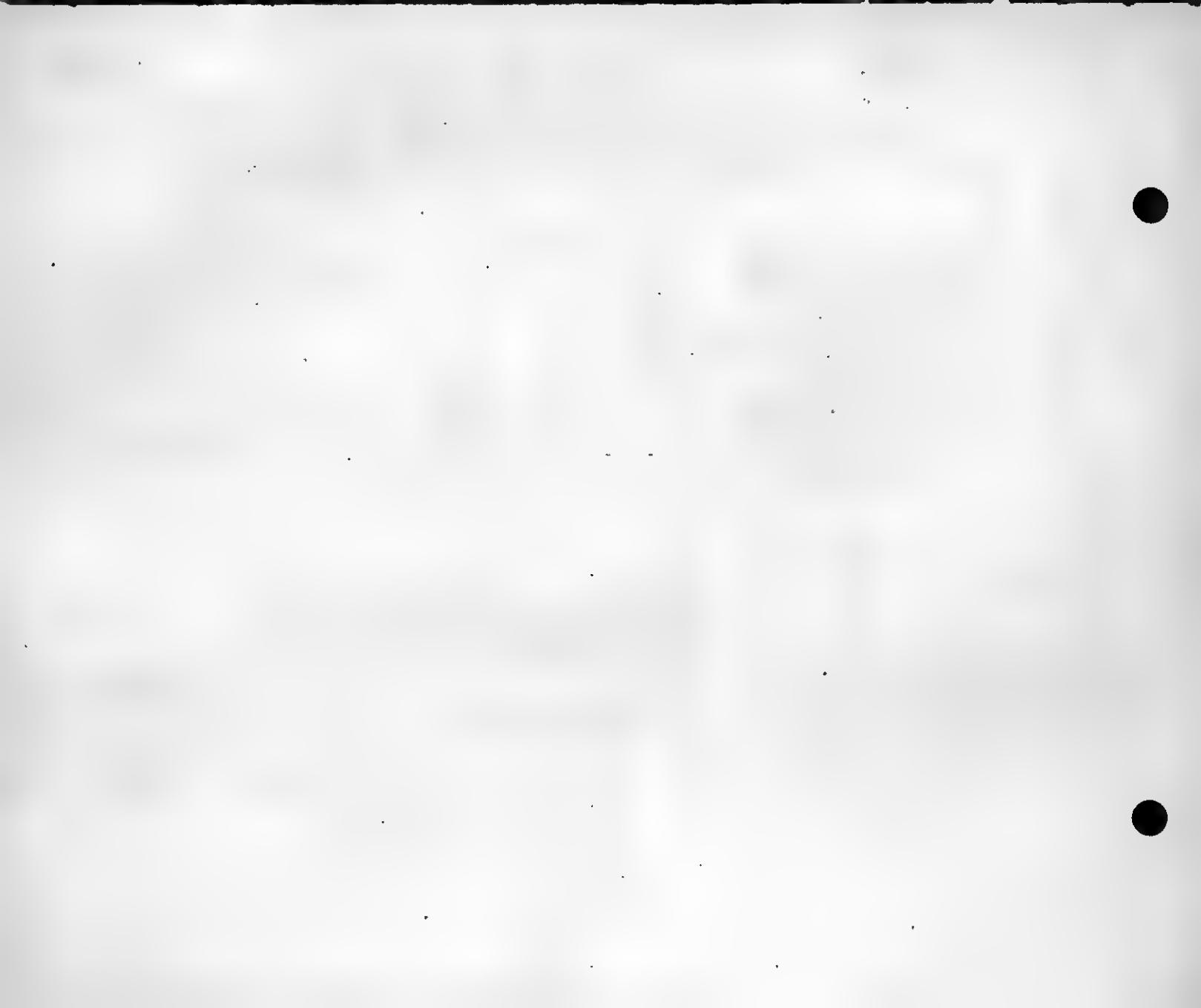
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

09904

CERTIFICATE OF DEATH

09996

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Middletown			c. LENGTH OF STAY IN 1D 2 years		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			Rural Middletown		
e. STREET ADDRESS Route 2			f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)	First Arthur	Middle Calvin	Last Flook	4. DATE OF DEATH 7 31 1966	Month Day Year
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/30/1911	9. AGE (In years last birthday) 55 yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (County & State, or foreign country) Frederick Co., Md.			12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Philip E. Flook	14. MOTHER'S MAIDEN NAME Elizabeth Remsburg			15. ADDRESS Route 2	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. W.W.2	17. INFORMANT 219-03-1397	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO 4-01 (b) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Arterio - Sclerosis DUE TO 15 min		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from July 31, 1966 , to July 31, 1966 , that (I) (we) last saw the deceased alive on July 31, 1966 , and that death occurred at M. from the causes and on the date stated above.					
22a. SIGNATURE Elmer Harp					
22b. DATE SIGNED 8-1-66					
22c. PHYSICIAN'S NAME (Type) Dr. J. Elmer Harp		22d. ADDRESS Middletown, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE THEREOF 8/2/66	23c. NAME OF CEMETERY OR CREMATORIUM Lutheran Cemetery	23d. LOCATION (City, town or county) (State) Middletown, Md.	
24. FUNERAL DIRECTOR Gladhill Company, Middletown, Md.		ADDRESS	25a. REC'D BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE DATE AUG 3 1966	
VR A15 (4) 20M 1/65					



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

119897

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Braddock Heights		c. LENGTH OF STAY IN 1b Since-May, 61	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Jefferson Blvd.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	HAROLD <i>Harold</i>	4. DATE OF DEATH FRUSHOUR <i>FRUSHOUR</i>	Month July Day 12 Year 1966
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 9 Dec 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-employed		10b. KIND OF BUSINESS OR INDUSTRY General Insurance Business	
13. FATHER'S NAME Ulysses G. Frushour		14. MOTHER'S MAIDEN NAME Catherine R. Main	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-10-5324	
17. INFORMANT Mrs. Kathryn S. Frushour (Same as item #1)		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 451X Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO (b) Ruptured Dissecting Aortic Aneurysm (c) Idiopathic Cystic Medial Necrosis		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) Frederick (County) Md. (State) Md.
21. I certify that (I) (this hospital) attended the deceased from Jan 15 , 1966, to July 12 , 1966, that (I) (we) last saw the deceased alive on 7-11 1966, and that death occurred at 12:00A M, from the causes and on the date stated above.		22b. DATE SIGNED 7-12-66	
22a. SIGNATURE <i>Thomas E. Stone</i>		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS <i>Frederick M.D.</i>	
22c. PHYSICIAN'S NAME (Type) Thomas STONE		23c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23d. LOCATION (City, town or county) Frederick, Maryland (State) Md.	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md. 21701		25a. REC'D BY REGISTRAR Charles Judge DATE JUL 14 1966	

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

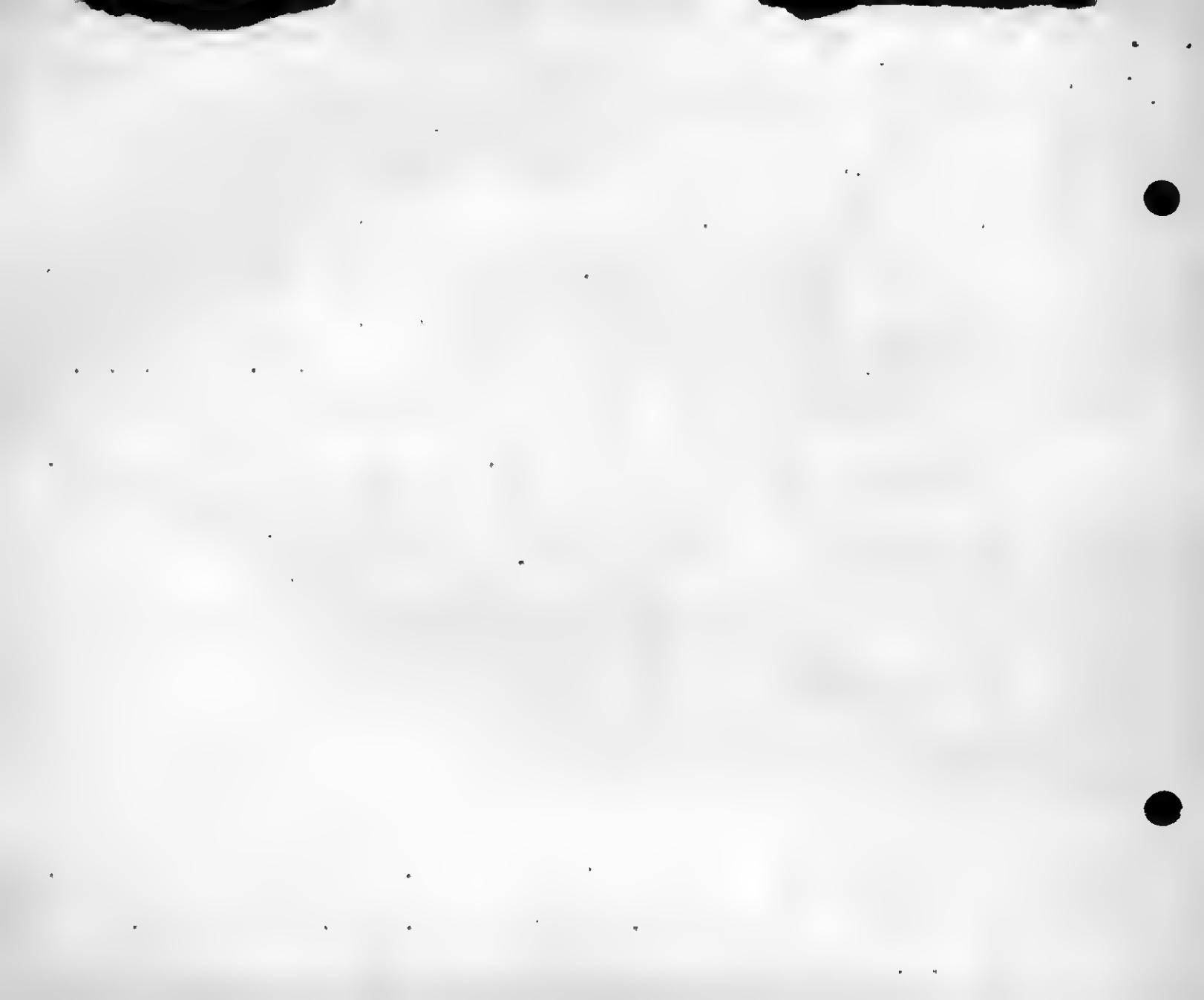
Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, director, page 3 should be detached for use as the burial-transit permit. This, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with n/72 hours after death.

09906

CERTIFICATE OF DEATH

09598

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE Maryland b. COUNTY Frederick						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 16 2 Months		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Frederick					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Nursing & Conv. Home			d. STREET ADDRESS Route #4, Frederick			e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) George		First E.	Middle .	Last Fulmer	4. DATE OF DEATH July 1, 1966	Month July	Day 1	Year 1966	
S. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1877	9. AGE (In years last birthday) 89 yrs	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. Hours 0	13. Min 0
10. DO USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			11. JOB. KIND OF BUSINESS OR INDUSTRY Contractor			12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME John Fulmer			14. MOTHER'S MAIDEN NAME Rebecca Himes			15. ADDRESS Mrs. George Harwood, Braddock Heights, Md.			
16. IS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No			17. SOCIAL SECURITY NO 218 30 9651			18. INFORMANT			
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)			Brenchw - pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last			Buffy fib metastatic carcinoma			Cause Carcinoma			
DUE TO (b)			3 type 8 strings			1 year			
DUE TO (c)			Principally site prostate			1 year			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. MEDICAL CERTIFICATION ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that (I) (this hospital) attended the deceased from <u>July 1, 1966</u> to <u>July 1, 1966</u> that (I) (we) last saw the deceased alive on <u>July 1, 1966</u> and that death occurred at <u>16A</u> M, from causes and on the date stated above.			22b. DATE SIGNED <u>July 1, 1966</u>						
22a. SIGNATURE <u>Bernard C. Thorne, Jr.</u>			22c. ADDRESS <u>228 N. Market Street, Frederick, Md.</u>						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 4, 1966		23c. NAME OF CEMETERY OR CREMATORIAL Mt. Zion Lutheran Cem.		23d. LOCATION (City or Town) (County) (State) Nr. Feagaville, Md.			
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland			25a. ADDRESS 101 W. Preston Street, Frederick, Maryland			25b. REC'D BY REGISTRAR Charles Judge			25c. REGISTRAR'S SIGNATURE Charles Judge



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
CERTIFICATE OF DEATH											
C9907			09899								
1. PLACE OF DEATH a. COUNTY Frederick			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Frederick			c. LENGTH OF STAY IN 1b years			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Route 5									b. COUNTY Frederick		
3. NAME OF DECEASED (Type or print) Lewis			First Norman			Middle Fulmer			4. DATE OF DEATH 7 29 1966		
5. SEX male			6. COLOR OR RACE white			7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>			8. DATE OF BIRTH 2/23/1892		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm owner, ret.			10b. KIND OF BUSINESS OR INDUSTRY farm			9. AGE (In years last birthday) 74 yrs.			11. BIRTHPLACE (County & State, or foreign country) Frederick Co., Md.		
13. FATHER'S NAME William Fulmer						14. MOTHER'S MAIDEN NAME Virginia Hargott			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO.			17. INFORMANT Harry L. Fulmer, Braddock Hts., Md.			Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Insufficiency</i> DUE TO 4201 Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Arteriosclerotic Heart Dis.</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) INTERVAL BETWEEN ONSET AND DEATH 3 months 4 years											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)								
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) (County) (State)		
19											
21. I certify that (I) (this hospital) attended the deceased from <i>Nov 13</i> , 1966, to <i>July 29</i> , 1966, that (I) (we) last saw the deceased alive on <i>July 29</i> , 1966, and that death occurred at <i>M</i> , from the causes and on the date stated above.											
22a. SIGNATURE <i>Thomas E. Stone</i>			22b. DATE SIGNED <i>7-30-66</i>								
22c. PHYSICIAN'S NAME (Type) Dr. Thomas E. Stone			M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS <i>Frederick, Md.</i>								
23a. BURIAL, CREMATION, REMOVAL (Specify) burial			23b. DATE THEREOF 8/1/66			23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS <i>Lutheran Cemetery</i>			23d. LOCATION (City, town or county) Middletown, Md. (State)		
24. FUNERAL DIRECTOR Gladhill Company, Middletown, Md.			25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>								
VR A15 (4) 20M 1/65			DATE AUG 2 1966								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND																	
CERTIFICATE OF DEATH																	
29808			099000														
1. PLACE OF DEATH a. COUNTY			Frederick			MARYLAND			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			Brunswick			c. LENGTH OF STAY IN 1b			a. STATE Maryland								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			Life			d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			b. COUNTY Frederick								
416--5th Ave						Brunswick											
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH			Month	Day	Year						
STATTON VIOLA GLADSTONE						July	2	1966									
5. SEX			6. COLOR OR RACE	7. MARRIED <input type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH			9. AGE (In years (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS						
Female			White	WIDOWED <input checked="" type="checkbox"/>	DIVORCED <input type="checkbox"/>	8/8/1900			65 yrs.	Months	Days	Hours	Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (County & State, or foreign country)			12. CITIZEN OF WHAT COUNTRY?								
Ret. Tel. Operator			Railroad			Maryland			U. S. A.								
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			Virginia Statton Anderson			Address								
Amos E. Evans																	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1)								
No			725-09-1154			Arthur Gladstone-DuBois, Pa.			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)								
Ccnditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.			Cerebral Metastaic Carcinoma						INTERVAL BETWEEN ONSET AND DEATH 2WKS								
DUE TO (b)			Carcinomatosis						1 yr.								
DUE TO (c)			Bronchogenic Carcinoma						10 yrs.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)																	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) (County) (State)		
19																	
21. I certify that (I) (this hospital) attended the deceased from June 3, 1958, to July 2, 1966, that (I) (we) last saw the deceased alive on July 2, 1966, and that death occurred at 8:10 A.M., from the causes and on the date stated above.																	
22a. SIGNATURE									M.D. ATTENDING PHYS. <input checked="" type="checkbox"/>			MED. DIRECTOR <input type="checkbox"/>			STAFF PHYS. <input type="checkbox"/>		
									July 2, 1966			22b. DATE SIGNED					
22c. PHYSICIAN'S NAME (Type)			C.T. Byron Kao, M.D.			22d. ADDRESS			Gum Spring Hollow, Brunswick, Md.								
23a. BURIAL, CREMATION, REVENGE Burial			23b. DATE THEREOF 7/4/66			23c. NAME OF CEMETERY OR CREMATORIUM Union			23d. LOCATION (City, town or county) Lovettsville, Va.			(State)					
24. FUNERAL DIRECTOR Seite Funeral Home			ADDRESS Brunswick, Md.			25a. REC'D BY REGISTRAR Charles Judge			25b. REGISTRAR'S SIGNATURE			DATE JUL 5 1966					



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and if necessary, within 72 hours after death.

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29903

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09901

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick ✓	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF STAY IN IB 19 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Maryland Odd Fellows Home		d. STREET ADDRESS 819 McKim St.	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. DATE OF DEATH Month July Day 9- Year 19 66	
3. NAME OF DECEASED (Type or print) Etta	First Middle May	Last Glashoff	4. DATE OF DEATH Month July Day 9- Year 19 66
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 1- 1887
9. AGE (In years last birthday) 79 yrs.	10. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (County & State, or foreign country) Pawtucket-Rhode Island	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Mercer	14. MOTHER'S MAIDEN NAME Jane Ann Bates	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -----	
16. SOCIAL SECURITY NO. None	17. INFORMANT Md. Odd Fellows Home- Frederick, Md. 21701	Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) X <i>Pneumonia</i> DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Diabetic Mellitus</i> DUE TO DUE TO (c) <i>Years</i>			
INTERVAL BETWEEN ONSET AND DEATH 4 days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20d. INJURY OCCURRED Month, Day, Year Hour a.m. 19 p.m. at work <input type="checkbox"/> Not White <input type="checkbox"/> at work <input type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from <i>Nov. 1961</i> , to <i>July 8, 1966</i> , that (I) (we) last saw the deceased alive on <i>July 8, 1966</i> , and that death occurred at <i>5:15 P.M.</i> from the causes and on the date stated above.		20f. (City or town) (County) (State)	
22a. SIGNATURE <i>B. O. Thomas-Sr.</i>		22b. DATE SIGNED July 10-1966	
22c. PHYSICIAN'S NAME (Type) Dr. B.O.Thomas-Sr.		22d. ADDRESS Watkins Acres- Frederick, Md. 21701	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE THEREOF July 13-1966	
23c. NAME OF CEMETERY OR CREMATORIUM The Oak Lawn Cemetery		23d. LOCATION (City, town or county) (State) Baltimore County-Maryland	
24. FUNERAL DIRECTOR M.R.Etchison & Son- T. Etchison		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles Judge DATE JUL 14 1966	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

C8910

CERTIFICATE OF DEATH

09902

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE <i>District of Columbia</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. LENGTH OF STAY IN 1b <i>373 days</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Fre. Nursing and Convalescent center</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Glennan Marjorie D.</i>		4. DATE OF DEATH Month <i>July</i>	Month Year <i>11 1966</i>
S. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED WIDOWED <input type="checkbox"/>	NEVER MARRIED DIVORCED <input checked="" type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Govt Employee</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>	
13. FATHER'S NAME <i>Richard Glennan</i>		11. BIRTHPLACE (County & State, or foreign country) <i>Wash. D. C.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i></i>		17. INFORMANT <i>Mr. Wm. Gallagher Gaithersburg, Md.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) <i>Cerebral Artery Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>	
DUE TO <i>xx</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i></i>		DUE TO <i>Cerebral Atherosclerosis</i> DUE TO <i></i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. <i>19</i>		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <i>June 28, 1966</i> to <i>July 11, 1966</i> that (I) (we) last saw the deceased alive on <i>June 27, 1966</i> , and that death occurred at <i>9:20</i> M. from causes and on the date stated above.			
22a. SIGNATURE <i>W. H. Riddick</i>		22b. DATE SIGNED <i>July 11, 1966</i>	
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS <i>Frederick, Maryland</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE THEREOF <i>7-13-66</i>	
23c. NAME OF CEMETERY OR CREMATORIUM <i>Mount Olivet</i>		23d. LOCATION (City or Town) (County) (State) <i>Washington, D. C.</i>	
24. FUNERAL DIRECTOR <i>J. J. Collins</i>		ADDRESS <i>Francis J. Collins 3821-14th St. NW Wash DC</i>	
25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE <i>Charles J. ...</i>	
DATE <i>JUL 14 1956</i>			

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1 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												CERTIFICATE OF DEATH			099903		
1. PLACE OF DEATH a. COUNTY <i>Frederick</i>			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Maryland</i>			b. COUNTY <i>Carroll</i>											
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>			c. LENGTH OF STAY IN 1b <i>? 2 days</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Mt. Airy</i>			d. STREET ADDRESS <i>Route 2</i>			e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Frederick Memorial Hospital</i>																	
3. NAME OF DECEASED (Type or print)		First <i>Dovethene</i>	Middle <i>Elizabeth</i>	Last <i>Gosnell</i>	4. DATE OF DEATH Month <i>JULY</i> Day <i>2</i> Year <i>1966</i>												
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH <i>Dec. 26, 1899</i>	9. AGE (In years last birthday) <i>66 yrs.</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (County & State, or foreign country) <i>Carroll Co., Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					
13. FATHER'S NAME <i>Thomas J. Gunn</i>			14. MOTHER'S MAIDEN NAME <i>Hannie E. Zerbucher</i>														
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>O</i>			16. SOCIAL SECURITY NO. <i>None</i>			17. INFORMANT <i>Mr. Roland A. Gosnell Same As Above</i>			Address								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]												INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			<i>Congestive heart failure</i>														
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.			DUE TO (b) <i>Atherosclerotic Heart Disease</i>									3-4 years					
DUE TO (c)																	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)																	
20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <i>Accesoma of heart</i>									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <i>19</i>			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office/bldg., etc.)			20f. (City or town) (County) (State)								
21. I certify that (I) (this hospital) attended the deceased from <i>June 30, 1966</i> to <i>July 2, 1966</i> , that (I) (we) last saw the deceased alive on <i>July 2, 1966</i> , and that death occurred at <i>9:51 A.M.</i> from the causes and on the date stated above.																	
22a. SIGNATURE <i>Henry V. Chase</i>									22b. DATE SIGNED <i>2 July 1966</i>								
22c. PHYSICIAN'S NAME (Type) <i>Henry V. Chase</i>			M.D. <input checked="" type="checkbox"/> ATTENDING PHYS. MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22d. ADDRESS <i>41 Church St Frederick, Md.</i>											
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			23b. DATE THEREOF <i>7/5/1966</i>			23c. NAME OF CEMETERY OR CREMATORIUM <i>Taylorsville Cemetery</i>			23d. LOCATION (City, town or county) (State) <i>Carroll Co., Md.</i>								
24. FUNERAL DIRECTOR <i>C. M. Waltz Box 241 Sykesville, Md.</i>			ADDRESS			25a. REC'D BY REGISTRAR <i>Charles Judge</i>			25b. REGISTRAR'S SIGNATURE								
VR A15 (4) 20M 1/65						DATE JUL 6 1966											



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FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

09912

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09904

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. STATE	
Frederick MARYLAND		Maryland b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b	
Frederick life		d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
388 Catoctin Ave		388 Catoctin Ave	
3. NAME OF DECEASED (Type or print)		First	Middle
Charles William Gray		Lost	4. DATE OF DEATH Month Day Year
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
Male Negro		WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-18-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY *****	
Farm Laborer		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
Allen Gray		14. MOTHER'S MAIDEN NAME Hester Palmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO.	
Yes WWL		17. INFORMANT Hester Sappington 388 Catoctin Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		Address Frederick, Md	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		Congestive Heart Failure	
DUE TO (b)		Arterosclerotic Heart Disease	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
ACTUAL SIGNATURE <i>B.O. Thomas</i>		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <i>B.O. Thomas, Md</i>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Burial 7/13/1966		23c. NAME OF CEMETERY OR CREMATORIAL Fairview	
24. FUNERAL DIRECTOR C.F. Hicks, 111 Frederick, Md		23d. LOCATION (City, town or county) Frederick Md	
ADDRESS		25a. REC'D BY REGISTRAR JUL 13 1966	
		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

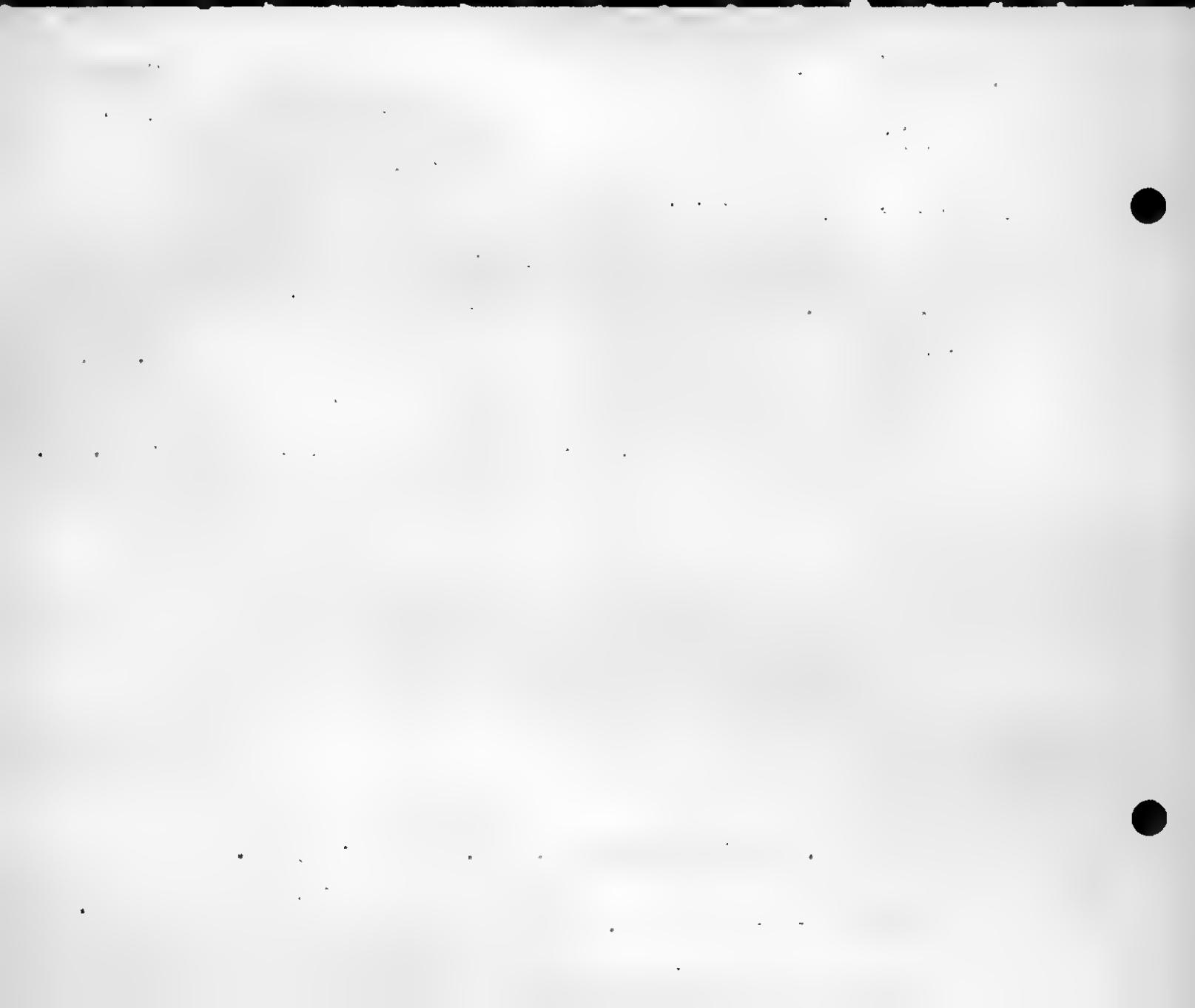
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

09913

CERTIFICATE OF DEATH

09905

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b MARYLAND	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First MARY	Middle LOUISE	Last GROOM
4. DATE OF DEATH Year 7 24 1966	Month 7	Day 24	Year 1966
5. SEX F.	6. CDLDR DR RACE N.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 9-14-14
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. AGE (In years last birthday) 51 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (County & State, or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Francis Brown		14. MOTHER'S MAIDEN NAME Margaret Catherine Mathews	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 577-05-9942	
17. INFORMANT Henry Owen Groom, Knoxville Md. Rt. I		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident			
DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) Diabetes, mellitus			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Petersville
20f. (City or town) Petersville		(County) (State) Md.	
21. I certify that (I) (this hospital) attended the deceased from 19 to 19 , that (I) (we) last saw the deceased alive on 19 , and that death occurred at M , from the causes and on the date stated above.			
22a. SIGNATURE A. Austin Pearre, Jr.			
22b. DATE SIGNED 22d. ADDRESS A. Austin Pearre, Jr. M.D. Frederick, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 7-27-66	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS St. Marys Cemetery
24. FUNERAL DIRECTOR Teete Funeral Home		23d. LOCATION (City, town or county) Petersville	(State) Md.
		23e. REC'D BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE DATE JUL 26 1966



MARYLAND STATE DEPARTMENT OF HEALTH
 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09914

CERTIFICATE OF DEATH

09906

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Frederick		c. LENGTH OF STAY IN lb years	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Route 6		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Frederick	
f. STREET ADDRESS Route 6		g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Annie		First Annie	Middle Groshon
4. DATE OF DEATH July 1-1966	Month July	Day 1	Year 1966
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
9. DATE OF BIRTH Feb. 2-1888	10. AGE (In years lost birthday) 78 yrs	11. IF UNDER 1 YEAR Months 0	12. IF UNDER 24 HRS Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State or foreign country) Frederick Co. Md.	
13. FATHER'S NAME Not available	14. MOTHER'S MAIDEN NAME Not available	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No	16. SOCIAL SECURITY NO 219-03-4435	17. INFORMANT Wm. G. Crummitt	Address 500 E. Patrick St., Frederick
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Arterio Saccular Cerebral Aneurysm</i> Md. <i>5/29/66</i>			
DUE TO (b) <i>Arterio Saccular Cerebral Aneurysm</i> 11			
DUE TO (c) 11			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 5/29/66	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 30 W. All Saints St., Frederick, Md.
20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from 5-24 , 19 66 , to 6-30 , 19 66 , that (I) (we) last saw the deceased alive on 6-30 , 19 66 , and that death occurred at 5:15 AM , from causes and on the date stated above			
22a. SIGNATURE <i>U.G. Bourne</i>		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22b. DATE SIGNED July 1-1966
22c. PHYSICIAN'S NAME (Type) Dr. U.G. Bourne, Jr.		22d. ADDRESS 30 W. All Saints St., Frederick, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 4-1966	23c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet Cemetery
23d. LOCATION (City or Town) Frederick, Md.		(County) 21701	
24. FUNERAL DIRECTOR <i>Elwood T. M.R. Etchison & Son</i>		25a. ADDRESS Whitmore	25b. REGISTRAR'S SIGNATURE Charles Judge
DATE JUL 6 1966		25b. REGISTRAR'S SIGNATURE Charles Judge	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

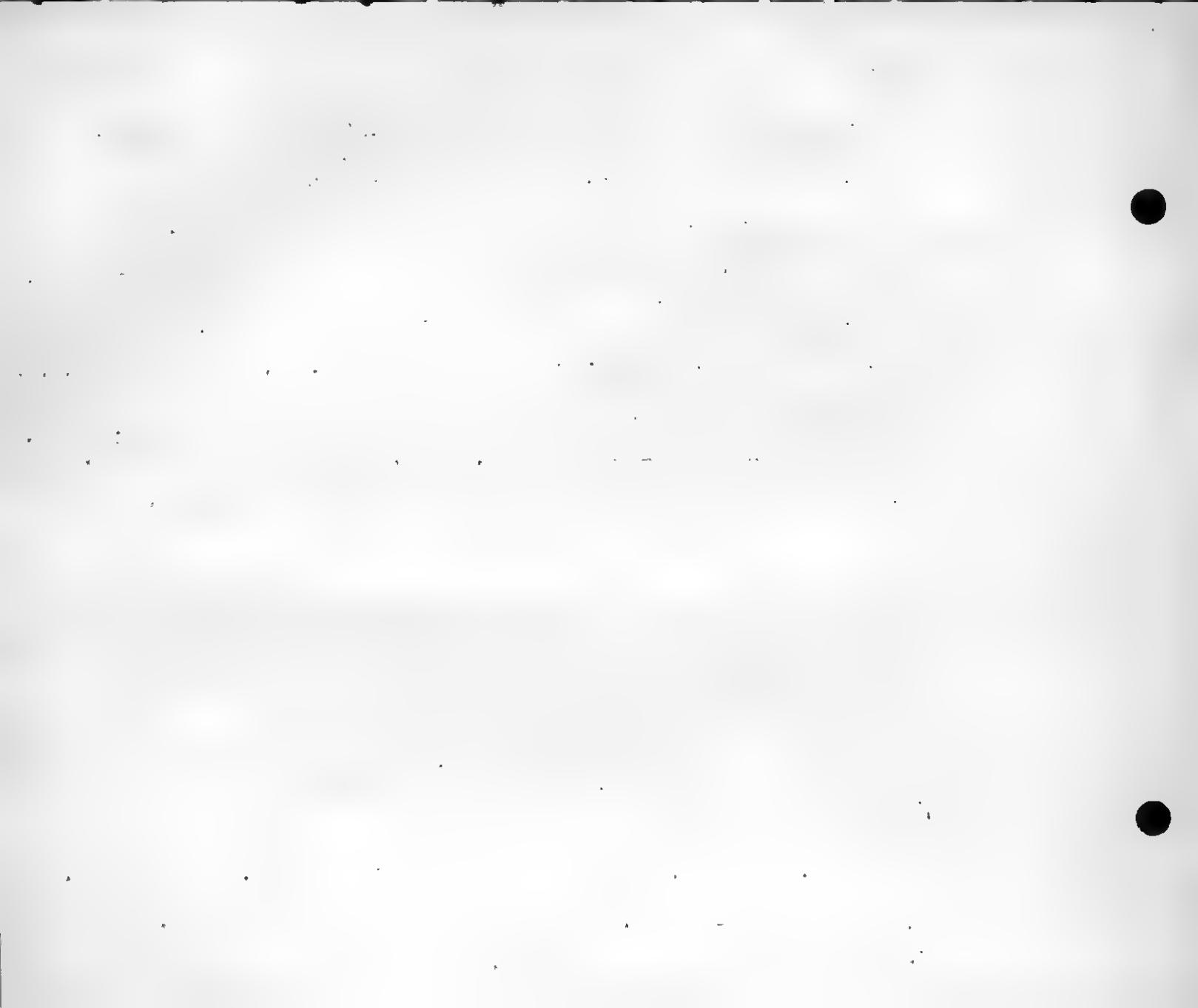
Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please file with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

29915 09907

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF STAY IN 1b years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) # 213 A Monroe Avenue		d. STREET ADDRESS # 213 A Monroe Ave.	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Charles	Middle Malcom	Last Handley
4. DATE OF DEATH Month July	Month 24	Day 19	Year 66
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH May 25- 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Route Man	10b. KIND OF BUSINESS OR INDUSTRY Retail Dairy	11. BIRTHPLACE (County & State, or foreign country) Montgomery Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Franklin Handley		14. MOTHER'S MAIDEN NAME Sarah Hempstone	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 219-07-8831	17. INFORMANT Mrs. Ida M. Ramsburg-213A Monroe Ave.	Address Frederick, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH minutes	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUDDEN DEATH - ? ACUTE CORONARY THROMBOSIS			
4201 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) ARTERIOSCLEROTIC HEART DISEASE			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21. I certify that <input checked="" type="checkbox"/> (this hospital) attended the deceased from 7/7 1966 to 7/24 1966 , that <input checked="" type="checkbox"/> (we) last saw the deceased alive on 7/22 1966 , and that death occurred at 5:15 p.m. from the causes and on the date stated above.		20f. (City or town) Frederick (County) Md. (State) Md.	
22a. SIGNATURE Richard C. Reynolds		22b. DATE SIGNED July 25-1966	
22c. PHYSICIAN'S NAME (Type) Dr. Richard C. Reynolds		22d. ADDRESS 804 Toll House Ave.-Frederick, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 27-1966	23c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet Cemetery
24. FUNERAL DIRECTOR M.R.Etchison & Son		25a. ADDRESS Frederick, Md.	25b. LOCATION (City, town or county) Frederick, Md. (State) Md.
		25a. REC'D BY REGISTRAR JUL 26 1966	25b. REGISTRAR'S SIGNATURE Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M

09916

CERTIFICATE OF DEATH

09908

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 PLACE OF DEATH a. COUNTY Frederick		2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE Maryland							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb years							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 819 Motter Avenue		d. STREET ADDRESS 819 Motter Avenue							
3. NAME OF DECEASED (Type or print) Martha		First: E.	Middle: Harris						
4. DATE OF DEATH July 5- 1966		Month	Day Year						
5. SEX Female		6. COLOR OR RACE White	7. MARRIED WIDOWED	8. NEVER MARRIED DIVORCED	9. DATE OF BIRTH March 13-1886	10. AGE (In years lost birthday) 80 yrs	11. IF UNDER 1 YEAR Months	12. IF UNDER 24 HRS DAYS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) Frederick County- Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Lewis Staley		14. MOTHER'S MAIDEN NAME Not available		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No					
16. SOCIAL SECURITY NO 214-10-1536		17. INFORMANT Albert W. Harris-819 Motter Ave.-Frederick-		Address Md. 21701					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4201 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost: (b) DUE TO (c)		19. INTERVAL BETWEEN ONSET AND DEATH Sequelae							
20. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) 819 65		(County) 7/5, 1966	(State) 7/5, 1966
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 7/31/1966		22. DATE SIGNED July 6-1966							
22a. SIGNATURE Robert S. Hughes		22b. ADDRESS 700 Montclaire Ave.-Frederick-Md. 21701							
22c. PHYSICIAN'S NAME (Type) Dr. Robert S. Hughes		22d. ADDRESS 700 Montclaire Ave.-Frederick-Md. 21701							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 8-1966		23c. NAME OF CEMETERY OR CREMATORIAL Pleasant Hill Cemetery		23d. LOCATION (City or Town) Near Frederick, Md.		(County) (State)	
24. FUNERAL DIRECTOR- Elwood T. M.R. Etchison & Son		ADDRESS Whitmore Frederick, Md.		25a. REC'D BY REGISTRAR DATE JUL 11 1966		25b. REGISTRAR'S SIGNATURE Charles Judge			



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M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CS917

CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Jefferson		c. LENGTH OF STAY IN 1b Years				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Route #1, Jefferson		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)	First Norman	Middle William	Last Himes			
4. DATE OF DEATH July 8, 1966	Month July	Day 8	Year 1966			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH August 12, 1906			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer		10b. KIND OF BUSINESS OR INDUSTRY Construction				
13. FATHER'S NAME Albert Henry Himes		14. MOTHER'S MAIDEN NAME Lucy Corun				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No		16. SOCIAL SECURITY NO. 213 12 9214				
17. INFORMANT Mrs. Hazel Hime, Same as Item #2		Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4 Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4 (d) DUE TO (e) DUE TO (f) DUE TO						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED White <input type="checkbox"/> Not White <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Boonsboro	(County) Maryland	(State)
21. I certify that (I) (this hospital) attended the deceased from June 21, 1965, to June 30, 1965, that (I) (we) last saw the deceased alive on June 30, 1965, and that death occurred at 5A M, from the causes and on the date stated above.				22b. DATE SIGNED July 9, 1966		
22a. SIGNATURE <i>Joseph Secondari</i>		22d. ADDRESS Joseph Secondari, M. D. Boonsboro, Maryland				
22c. PHYSICIAN'S NAME (Type)		23d. LOCATION (City, town or county) Jefferson, Maryland				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 11, 1966	23c. NAME OF CEMETERY OR CREMATORIUM Reformed Cemetery	23d. LOCATION (City, town or county) (State)		
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		25a. REC'D BY REGISTRAR Charles Judge				
		25b. REGISTRAR'S SIGNATURE				

1 Items 18-21 Film G378 7/20/66 MARYLAND STATE DEPARTMENT OF HEALTH
 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
 C9913 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09910

FOR STATE
 HEALTH DEPT.

To DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil, in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMG. Page 5 may be retained for your files.

To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and return them within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick		b. COUNTY Frederick		
c. LENGTH OF STAY IN 1D B&O Railroad Shop		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bunkittsville RURAL		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS		
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)	First LUTHER	Middle COLUMBUS	Last HOTTLAND	
4. DATE OF DEATH	7	Month	Day 6	
5. SEX	6. COLOR OR RACE Male	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 8/15/1899	
9. AGE (In years last birthday)	66	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Retired employee B&O Railroad	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Luther Dorsey Holland	14. MOTHER'S MAIDEN NAME Anna Rebecca Brooks	Address		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Alcoholism and heart disease</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Acute and chronic alcoholism</i> (c) <i>Congestive heart failure</i>				
INTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Spinal fluid showed 0.39% alcohol				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) No injury		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.	20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Brunswick	(County) (State) Fred. Md.
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>				
ACTUAL SIGNATURE <i>B.O.Thomas</i>	CHIEF MEDICAL EXAMINER <input type="checkbox"/>		22. DATE SIGNED 7-7-66	
EXAMINER'S NAME (Type) B.O.Thomas, M.D.	M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
Address (Street, city, town, or county) 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				
23b. DATE THEREOF 7/10/66	23c. NAME OF CEMETERY OR CREMATORIUM Methodist Church Cemetery	23d. LOCATION (City, town or county) Petersville, Maryland	(State)	
24. FUNERAL DIRECTOR <i>Feele Funeral Home</i>	ADDRESS Brunswick Maryland	25a. REC'D BY REGISTRAR DATE JUL 11 1966	25b. REGISTRAR'S SIGNATURE <i>Marley Judge</i>	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

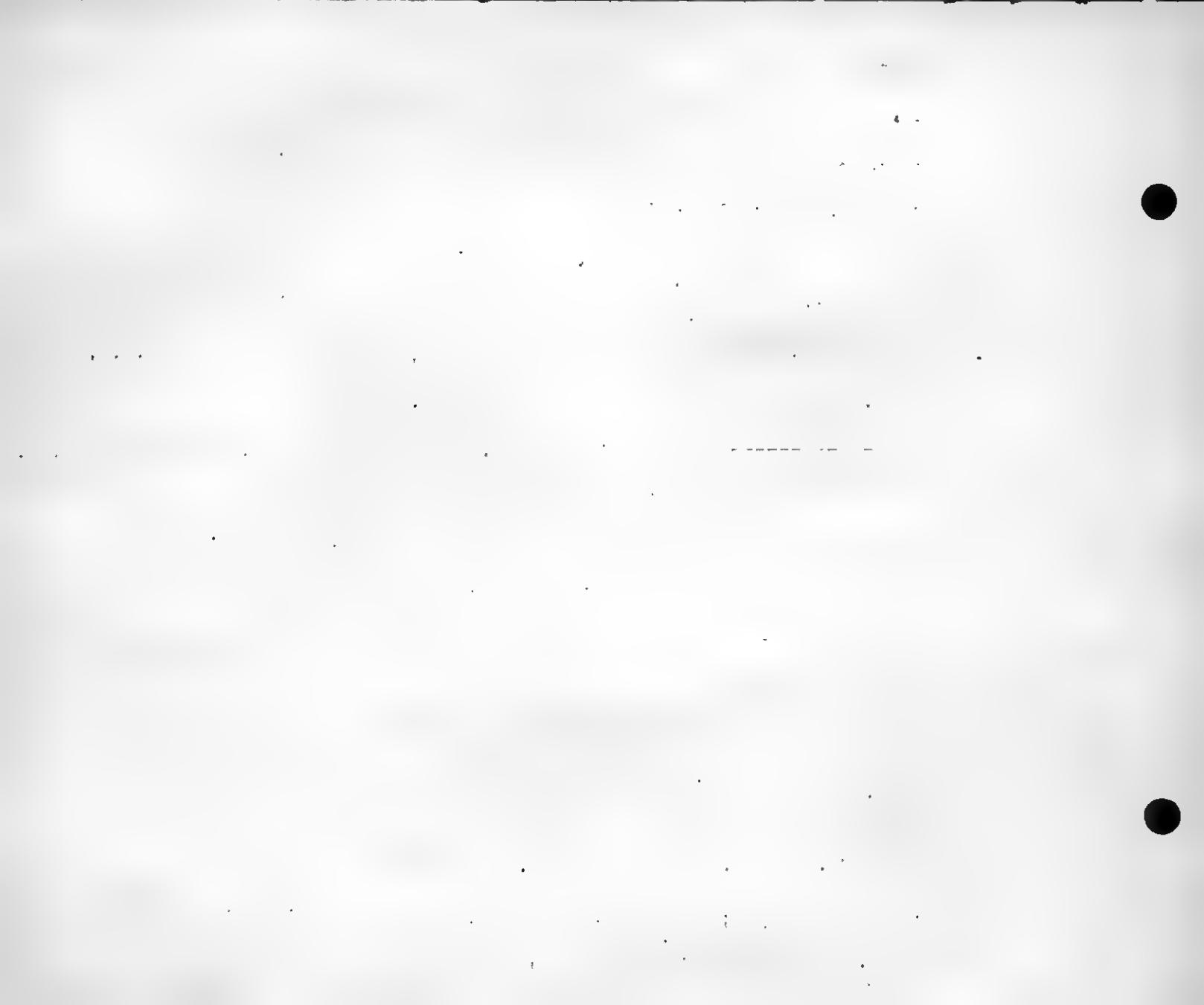
CERTIFICATE OF DEATH

09911

1 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY <i>Frederick</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. LENGTH OF STAY IN 1b 1 day		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Frederick Memorial Hospital</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle I.	Last HOPWOOD	
4. DATE OF DEATH Month July	Day 2	Year 1966		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH June 8, 1925	
		9. AGE (in years last birthday) 41	10. IF UNDER 1 YEAR Months Yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reporter for Newspaper		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (County & State, or foreign country) Bronx, New York	
13. FATHER'S NAME William I. Hopwood		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Deborah Ann Hopwood	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) (c)	Address Burkittsville, Md.	
		INTERVAL BETWEEN ONSET AND DEATH <i>Cardiac Tamponade</i>		
		Ruptured Myocardial Surface		
		Atherosclerotic Heart Disease		
		Chronic Glomerulonephritis		
20a. MEDICAL CERTIFICATION ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from OCT , 19 63 , to July , 19 66 , that (I) (we) last saw the deceased alive on July 1 , 19 66 , and that death occurred at 7:00 A.M. from the causes and on the date stated above.		22b. DATE SIGNED 7/2/66		
22a. SIGNATURE <i>John H. Teske</i>		22d. ADDRESS Frederick, Maryland		
22c. PHYSICIAN'S NAME (Type) Dr. John H. Teske, MD.		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 6, 1966		
23c. NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery		23d. LOCATION (City, town or county) Frederick, Maryland		
24. FUNERAL DIRECTOR <i>Robert E. Dailey and Son</i>		25a. ADDRESS Frederick, Maryland		
		25b. REC'D BY REGISTRAR Charles Judge		
		DATE JUL 7 1966		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

C9920

CERTIFICATE OF DEATH

09912

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE									
Frederick		Maryland									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 2 days									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont rural									
3. NAME OF DECEASED (Type or print)		First HARRY	Middle Lewis								
4. DATE OF DEATH		Month July	Day 17								
5. SEX		5. COLOR OR RACE	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	7. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours	13. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
male		white	WIDOWED <input checked="" type="checkbox"/>	Retired	April 18, 1885	81 yrs.					
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country)		12. CITIZEN OF WHAT COUNTRY?					
Farmer		Retired		Frederick Co.		USA					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address					
No		212-24-6016		Mrs. Samuel Jones		Thurmont, Md. RD 1					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Myocardial Infarction DUE TO (c) CARCINOMA OF PROSTATE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Septicemia: chronic Urinary Tract Infection											
INTERVAL BETWEEN ONSET AND DEATH years											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)									
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)	(State)		
21. I certify that (I) (this hospital) attended the deceased from 5-13-1966 to 7/17/1966, that (I) (we) last saw the deceased alive on 7/17/1966, and that death occurred at 1:45 P.M. from the causes and on the date stated above.		22a. SIGNATURE Robert D. Crouch		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED					
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF		23c. NAME OF CEMETERY OR CREMATORIUM		23d. LOCATION (City, town or county) (State)	
Burial		7-20-66		Lewistown Cemetery		Lewistown		Fred. Co. Md.			
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE					
Raymond E. Creager		Thurmont, Md.		JUL 21 1966		i am judge					

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Middletown, Rural		b. COUNTY Frederick	
c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Middletown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS Broad St.	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Dillard	Middle Grove	Last House
4. DATE OF DEATH	Month 7	Day 5	Year 1966
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/17/1898
9. AGE (In years last birthday) 68 yrs.	10. KIND OF BUSINESS OR INDUSTRY superintendent, ret. road const.	11. BIRTHPLACE (County & State, or foreign country) Frederick Co., Md.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Greenberry D. House	14. MOTHER'S MAIDEN NAME Anna Arnold	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 217-10-9405		17. INFORMANT D. Grove House, Jr., Middletown, Md.	Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4201		<i>Coronary Occlusion</i>	
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Aspergillus Sclerosis		10 min	
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) Middletown, Md.		(County) Middlesex Co., Md.	(State) Md.
21. I certify that (I) (this hospital) attended the deceased from July 5, 1966 , to July 5, 1966 , that (I) (we) last saw the deceased alive on July 5, 1966 , and that death occurred at 135 M. from the causes and on the date stated above.			
22a. SIGNATURE <i>J. Elmer Harp</i>		22b. DATE SIGNED 7-6-66	
22c. PHYSICIAN'S NAME (Type) Dr. J. Elmer Harp		22d. ADDRESS Middletown, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE THEREOF 7/8/66	23c. NAME OF CEMETERY OR CREMATORIAL Lutheran Cemetery
24. FUNERAL DIRECTOR Gladhill Company, Middletown, Md.		ADDRESS	25a. REC'D BY REGISTRAR Charles Judge
		DATE JUL 7 1966	25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

19914

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or entombment, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
C9922 Frederick		a. STATE b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Maryland Frederick	
c. LENGTH OF STAY IN 1B		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Frederick		Bartonsville	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
Frederick Memorial Hospital		Route #6	
e. IS RESIDENCE ON A FARM?		e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		3. NAME OF DECEASED (Type or print)	
First		Middle	
Ella		Ann	
4. DATE OF DEATH		Month	
July		Day Year	
5. SEX		6. COLOR OR RACE	
Female		Negro	
7. MARRIED		8. DATE OF BIRTH	
<input type="checkbox"/> NEVER MARRIED		9. AGE (In years last birthday)	
<input type="checkbox"/> WIDOWED		10. FUNDER 1 YEAR	
<input type="checkbox"/> DIVORCED		11. UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (County & State, or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Nathaniel Leroy Johnson		Pauline Virginia Myers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMATURITY (B W - 1049 grams)			
196X Cconditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.			
DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II) of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from July 5, 1966, to July 2, 1966, that (I) (we) last saw the deceased alive on July 7, 1966, and that death occurred at 6 PM, from the causes and on the date stated above.			
22a. SIGNATURE		22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type)		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF	
RELEASE TO HOSPITAL		23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS	
24. FUNERAL DIRECTOR		23d. LOCATION (City, town or county) (State)	
P. David Youngdale		FREDERICK MEMORIAL HOSPITAL, FREDERICK, MARYLAND	
25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE	
DATE JUL 12 1966		Charles Judge	



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours of death. If delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09923

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09915

1 PLACE OF DEATH a. COUNTY Frederick		2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b Maryland	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital		c. CITY OR TOWN (If out of corporate limits, write RURAL and give nearest town) MT. Airy	
d. STREET ADDRESS Rt. 4, Mt. Airy		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3 NAME OF DECEASED (Type or print) JAMES	First Trout	Middle JOHNSON	Last July 29, 1966
4. DATE OF DEATH	Month July	Day 29	Year 1966
5 SEX male	6 COLOR OR RACE caucasian	7 MARRIED WIDOWED	8 DATE OF BIRTH Nov. 28, 1948
9 AGE (In years last birthday) 17 yrs.	10a. US-AL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY None	11 BIRTHPLACE (State or foreign country) Seattle, Wash.
12 COUNTRY OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Milton Trout Johnson, Jr.		
14 MOTHER'S MAIDEN NAME Phyllis Ruth Kester	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes give war or dates of service No		
16. SOCIAL SECURITY NO 219-46-2956	17. INFORMANT Mrs. Jean A. Crawford Frederick, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 416 X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) shot self in head			
20c. TIME OF INJURY Month, Day, Year 4:45 p.m. 7/29 1966	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Name, farm, factory, street, office bldg., etc.) woods	20f. (City or town) Yellow Springs, Fred., Md.
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from. Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <i>Charles S. Petty</i>	CHIEF MEDICAL EXAMINER <input type="checkbox"/>	22. DATE SIGNED 7/30/66	
EXAMINER'S NAME (Type) Charles S. Petty	ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		
	DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		
Address (Street, city, town, or county)			
23a. BURIAL CREMATION, CREMATION	23b. DATE THEREOF 7-30-1966	23c. NAME OF CEMETERY OR CREMATORIAL Cedar Hill Crematory	23d. LOCATION (City or Town) Washington, D.C.
24. FUNERAL DIRECTOR Robert E. Dailey & Son	ADDRESS Frederick, Maryland	25a. REC'D BY REGISTRAR AUG 2 1966	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "Pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH											
09924						09916					
<p>1. PLACE OF DEATH a. COUNTY Frederick MARYLAND</p> <p>b. CITY OR TOWN (If out of corporate limits, write RURAL and give nearest town) Baltimore-rural</p> <p>c. LENGTH OF STAY IN lb 5 years</p> <p>d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rte. 4 Mt. Airy, Md.</p>						<p>2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE Maryland b. COUNTY Frederick</p> <p>c. CITY OR TOWN (If out of corporate limits, write RURAL and give nearest town) Baltimore-rural</p> <p>d. STREET ADDRESS Rte. 4, Mt. Airy, Md.</p>					
<p>3. NAME OF DECEASED (Type or print) Milton Trout Johnson, Jr.</p>						<p>4. DATE OF DEATH 7 29 1966</p>					
<p>5. SEX male</p>		<p>6. COLOR OR RACE white</p>		<p>7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/></p>		<p>8. DATE OF BIRTH April 14, 1920</p>		<p>9. AGE (In years at birthday) 46</p>		<p>10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infor. Analyst U.S. Govt.</p>						<p>10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.</p>					
<p>11. BIRTHPLACE (State or foreign country) York, Penn.</p>						<p>12. CITIZEN OF WHAT COUNTRY? U.S.A.</p>					
<p>13. FATHER'S NAME Milton T. Johnson, Sr.</p>						<p>14. MOTHER'S MAIDEN NAME Annie Belle Price</p>					
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes W.W. 2</p>						<p>16. SOCIAL SECURITY NO. 537-10-5735</p>					
<p>17. INFORMANT Mrs. Jean A. Crawford</p>						<p>Address Frederick, Maryland</p>					
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wounds of head</p> <p>781X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) stating the underlying cause (c)</p> <p>DUE TO (b) DUE TO (c)</p>											
<p>PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)</p>											
<p>20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH</p>				<p>20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, if item 18.) shot several times</p>							
<p>20c. TIME OF INJURY Month, Day, Year Hour a.m. 7 ? 1966</p>				<p>20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/></p>		<p>20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home</p>		<p>20f. (City or town) Mt. Airy</p>		<p>(County) Fred.</p>	
<p>21. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Undetermined manner <input type="checkbox"/></p>											
<p>ACTUAL SIGNATURE <i>Werner U. Spitz</i> M.D.</p>											
<p>EXAMINER'S NAME (Type) Werner U. Spitz, M.D.</p>											
<p>22. DATE SIGNED 7/29/66</p>											
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation</p>						<p>23b. DATE THEREOF 7-30-1966</p>		<p>23c. NAME OF CEMETERY OR CREMATORIAL Cedar Hill Crematory</p>		<p>23d. LOCATION (City or Town) Washington, D.C.</p>	
<p>24. FUNERAL DIRECTOR <i>Robert E. Dailey & Son</i></p>						<p>ADDRESS Frederick, Maryland</p>		<p>25a. REC'D BY REGISTRAR</p>		<p>25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i></p>	
<p>VR A1SME (5) 6M 1/66</p>						<p>DATE AUG 2 1996</p>					



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
HEALTH DEPT.

13
20025
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with the State Department of Health at its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09917

PLACE OF DEATH

O. COUNTY

Frederick

MARYLAND

2 USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

O. STATE

Maryland

b. COUNTY

Frederick

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Baltimore-rural

c. LENGTH OF STAY IN 1b

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Baltimore-rural

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Rte. 4 Mt. Airy, Md.

d. STREET ADDRESS

Rte. 4 Mt. Airy, Md.

3. NAME OF
DECEASED
(Type or print)

First
Phyllis

Middle
Ruth

Last
Johnson

4. DATE
OF
DEATH

7/29/66

Month

Day

Year
19

5. SEX

6. COLOR OR RACE

7. MARRIED
WIDOWED

NEVER MARRIED
DIVORCED

8. DATE OF BIRTH

Jan. 30, 1921

9. AGE (In years
last birthday)
yrs

10. IF UNDER 1 YEAR
Months

11. IF UNDER 24 HRS
Days Hours Min

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Homemaker

10b. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Clinton, Iowa

12. CITIZEN OF WHAT
COUNTRY? U.S.A.

13. FATHER'S NAME

Ivan C. Kester

14. MOTHER'S MAIDEN NAME

Grace Rebecca Spafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service)

No

16. SOCIAL SECURITY NO.

478-16-0381

17. INFORMANT

Mrs. Jean A. Crawford Frederick, Maryland

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple gunshot wounds

INTERVAL BETWEEN
ONSET AND DEATH

7/29/66

Conditions, if any, which gave
rise to immediate cause (a).
stating the underlying cause
last.

DUE TO

(b)

DUE TO

(c)

PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?

YES

NO

20a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING

CAUSE OF DEATH

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)

shot several times

20c. TIME OF INJURY Month, Day, Year

Hour a.m.

pm

7 ? 19 66

20d. INJURY OCCURRED

While at work

Not While at work

20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

home

20f. (City or town)

Mt. Airy

(County)

Fred.

(State)

Md.

21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner

ACTUAL
SIGNATURE

EXAMINER'S
NAME (Type)

Werner U. Spitz, M.D.

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

22. DATE SIGNED

7/29/66

23a. BURIAL CREMATION,
REMOVAL (Specify)

Cremation

23b. DATE THEREOF

8-3-1966

23c. NAME OF CEMETERY OR CREMATORIAL

Cedar Hill Crematory

23d. LOCATION (City or Town)

Washington, D.C.

(County)

(State)

24. FUNERAL DIRECTOR

Robert E. Dailey & Son

ADDRESS

Funeral Home Fred. Md.

25a. REC'D BY REGISTRAR

DATE AUG 2 1966

25b. REGISTRAR'S SIGNATURE

Charles Judge



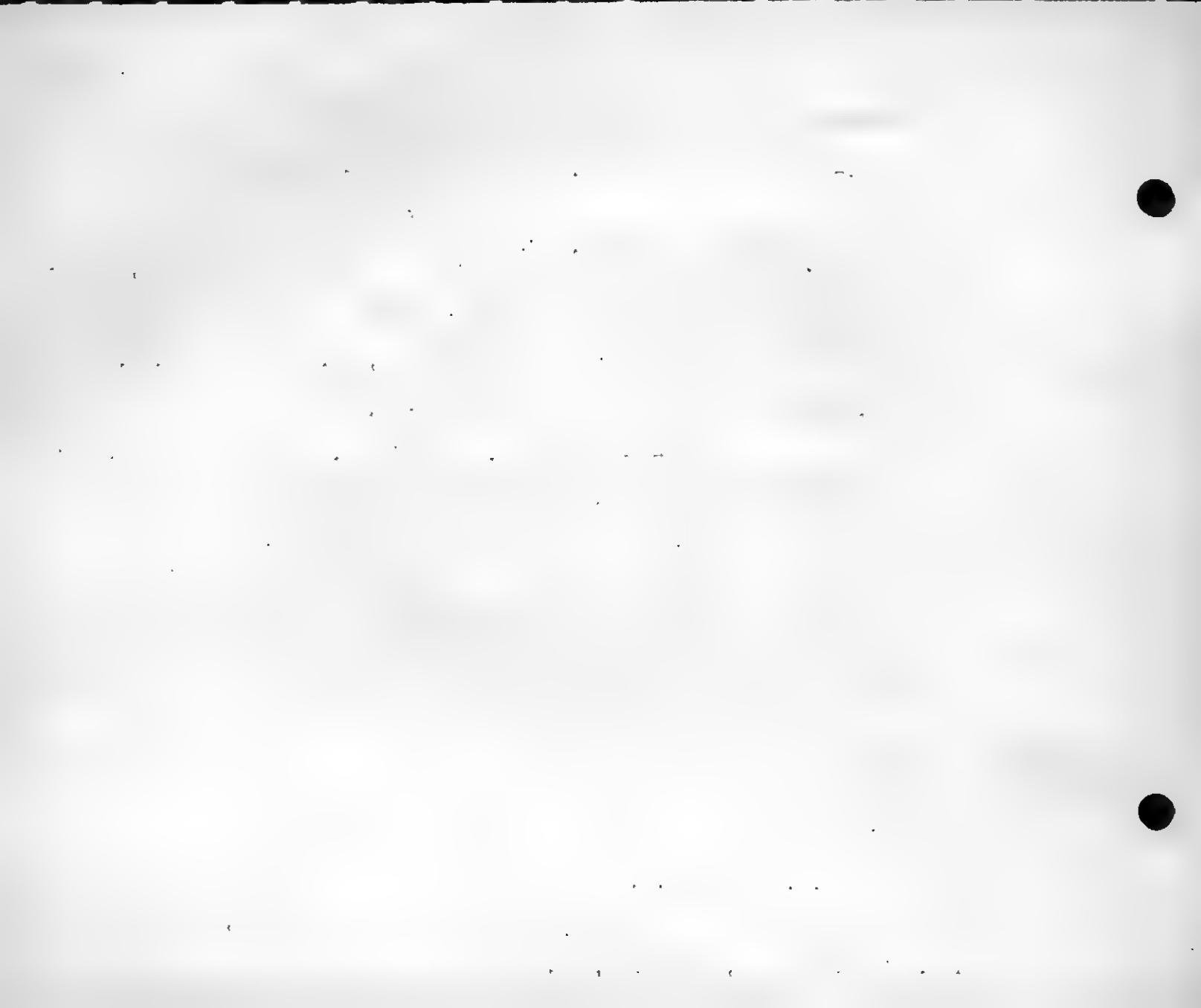
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay necessary, please execute the certificate, writing the word "Pending" in pencil in Item 1c. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH (09918)

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural #5		c. LENGTH OF STAY IN 1b 7 Yrs.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ridge Road		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Frederick B. Kehne		4. DATE OF DEATH Kehne July 14, 1966	Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 24 Oct 1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-employed		10b. KIND OF BUSINESS OR INDUSTRY Chiropractor	
13. FATHER'S NAME William R. Kehne		11. BIRTHPLACE (State or foreign country) Frederick, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-4364	
17. INFORMANT Mrs. Josephine M. Kehne (Same as item #1)		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		Generalized Peritonitis Perforation of Rectosigmoid Carcinoma of Rectosigmoid	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20d. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20e. (City or town) Frederick (County) Maryland (State) Maryland		20f. (City or town) Frederick (County) Maryland (State) Maryland	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <i>B.O. Thomas</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) B.O. Thomas, M.D.		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 7/18/66	
23c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		23d. LOCATION (City, town or county) Frederick, Maryland (State) Maryland	
24. FUNERAL DIRECTOR <i>Frank R. Smith Jr.</i> M. R. Etchison & Son, Frederick, Md. 21701		25a. REC'D BY REGISTRAR Carley Judge DATE JUL 18 1966 25b. REGISTRAR'S SIGNATURE <i>Carley Judge</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09919

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. STATE <i>Maryland</i> b. COUNTY <i>Frederick</i>	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <i>Rural, Mt. Pleasant</i>		c. LENGTH OF STAY IN lb <i>4 mo.</i>	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS <i>Rural, Mt. Pleasant</i>	
3. NAME OF DECEASED (Type or print) <i>ANNIE MAY MAIN</i>		First <i>ANNIE</i>	Middle <i>MAY</i>
4. DATE OF DEATH <i>July 24 1966</i>	Month <i>July</i>	Day <i>24</i>	Year <i>1966</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 28 1893</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	
11. BIRTHPLACE (County & State, or foreign country) <i>Frederick Co., Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Anthony Wickless</i>		14. MOTHER'S MAIDEN NAME <i>Laura Joy</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> (Yes, no, or unknown) (If yes give rank or date of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mrs. Joseph Staley, Walkersville, Md.</i>		Address <i>INTERVAL BETWEEN ONSET AND DEATH 2 hours several years</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial failure</i>		DUE TO (b) <i>Hypertension arteriosclerotic cardiovascular disease</i>	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (c) <i>-</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Alzheimer's disease</i>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>-</i>	
20c. TIME OF INJURY Hour e.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>-</i>
20f. (City or town) <i>-</i>		(County) <i>-</i> (State) <i>-</i>	
21. I certify that (I) <i>this hospital</i> attended the deceased from <i>July 23 1966</i> to <i>July 24 1966</i> , that (I) <i>last</i> saw the deceased alive on <i>July 23 1966</i> , and that death occurred at <i>4:30 A.M.</i> from the causes and on the date stated above.			
22a. SIGNATURE <i>Ed. Dettbarn</i>		M.D.	
22c. PHYSICIAN'S NAME (Type) <i>ED. DETTBARN</i>		ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>
22d. ADDRESS <i>Walkersville, Md.</i>		22b. DATE SIGNED <i>7/24/66</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE THEREOF <i>7/27/66</i>	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS <i>Mt. Olivet Cemetery, Frederick</i>
23d. LOCATION (City, town or county) <i>Frederick</i>		(State) <i>Md.</i>	
24. FUNERAL DIRECTOR'S SIGNATURE <i>G.C. Barton</i>		25e. REC'D BY REGISTRAR <i>Charles Judge</i>	25f. REGISTRAR'S SIGNATURE <i>Charles Judge</i>
20M 5-63		DATE JUL 26 1966	



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09928

CERTIFICATE OF DEATH

09920

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE Maryland b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick years			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) D.O.A. - Frederick Memorial Hospital			d. STREET ADDRESS 412 West Patrick Street		
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) James Daniel Marks- Sr.		First James	Middle Daniel	Last Marks- Sr.	4. DATE OF DEATH July 4- 19 66
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED <input type="checkbox"/>	8. NEVER MARRIED DIVORCED <input type="checkbox"/>	9. B. DATE OF BIRTH Feb. 10- 1903	10. AGE (In years lost birthday) 63 yrs.
10a. CIVIL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Policeman		10b. KIND OF BUSINESS OR INDUSTRY City Force		11. BIRTHPLACE (County & State, or foreign country) Montgomery Co. Md.	
13. FATHER'S NAME Franklin D. Marks			14. MOTHER'S MAIDEN NAME Alice Ford		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No		16. SOCIAL SECURITY NO. 214-34-9336		17. INFORMANT Mrs. Gladys M. Marks-412 W. Patrick St.-	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Coronary thrombosis DUE TO 4201 Arterio S. Cerebellar Disease INTERVAL BETWEEN ONSET AND DEATH Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) Arterio S. Cerebellar Disease 24+ stating the underlying cause (c) 					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1b.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m. 		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 	
21. I certify that (I) (this hospital) attended the deceased from 1-8 , 19 66 , to 6-20 , 19 66 , that (I) (we) last saw the deceased alive on 6-10 , 19 66 , and that death occurred at 10 P. M. , from causes and on the date stated above.					
22a. SIGNATURE Dr. U.G. Bourne-Jr.			22b. DATE SIGNED July 5-1966		
22c. PHYSICIAN'S NAME (Type) Dr. U.G. Bourne-Jr.			22d. ADDRESS 30 W. All Saints St.- Frederick-Md.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 8-1966		23c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery	
23d. LOCATION (City or Town) (County) (State) Frederick, Md. 21701			25a. REC'D BY REGISTRAR Charles Judge		
24. FUNERAL DIRECTOR M. R. Etchison & Son T. Frederick, Md. 21701			25b. REGISTRAR'S SIGNATURE Charles Judge		
20 A15 (4) 20 M 1/66					



1 (M)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

05923

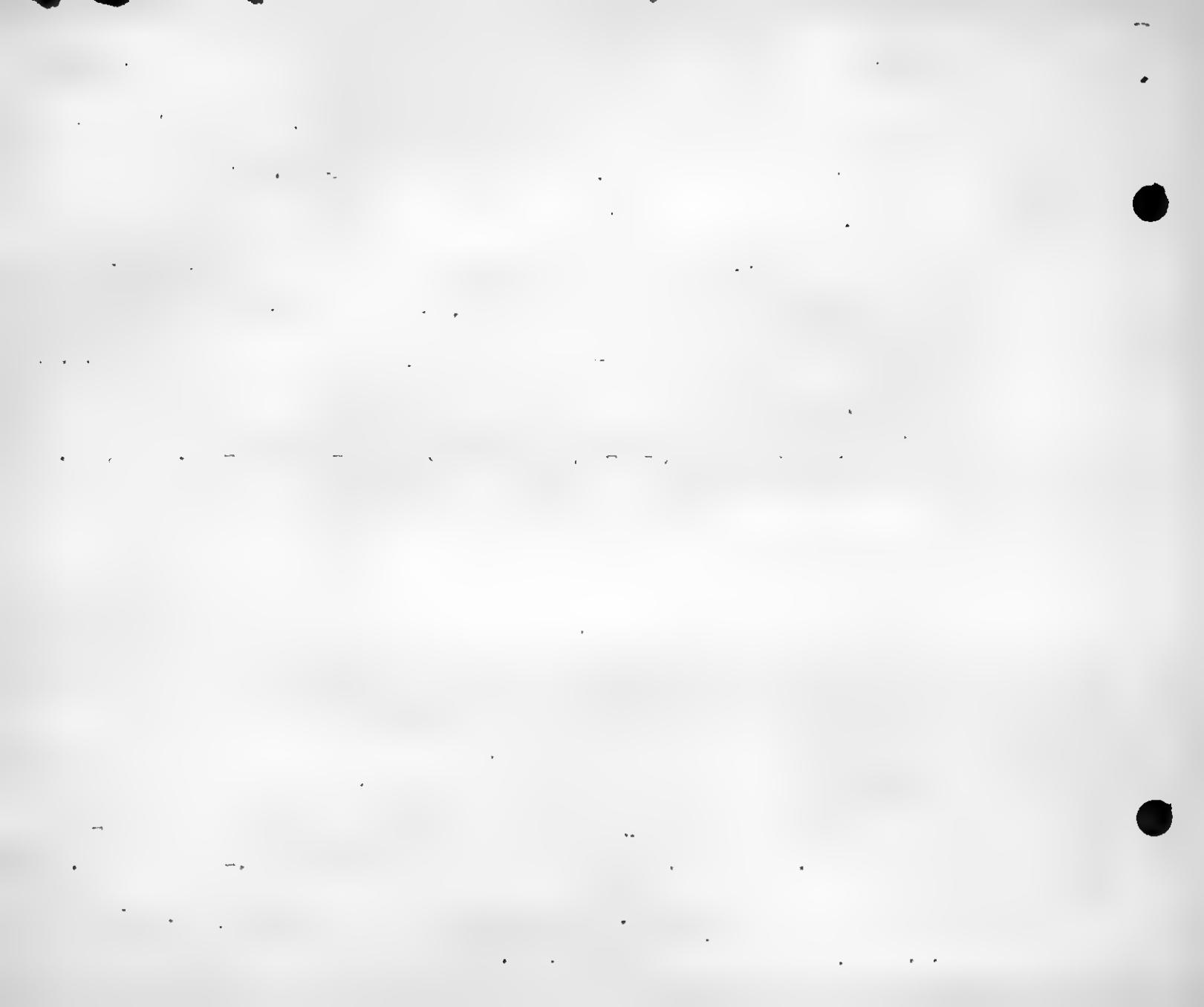
CERTIFICATE OF DEATH

19921

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF STAY IN 1b 1 day		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Mt. Airy	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital		d. STREET ADDRESS Route 4	
3. NAME OF DECEASED (Type or print) Mary Elizabeth McPherson		4. DATE OF DEATH Last Month Day Year July 22- 19 66	5. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 7- 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (County & State, or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Hugh C. Murray		14. MOTHER'S MAIDEN NAME Alva Hoke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 213-36-9177	
17. INFORMANT Albert McPherson- Route 4- Mt. Airy, Md.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE ENDOMETRIUM			
1/2 X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) _____		DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CARCINOMA OF THE BREAST; BILATERAL. ARTERIOSCLEROTIC HEART DISEASE		DUE TO	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19		20d. INJURY OCCURRED While Not While at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) this hospital attended the deceased from 7/3 1966 to 7/22 1966 , that (I) we last saw the deceased alive on 7/22 1966 , and that death occurred at 9:15 A.M. from the causes and on the date stated above.		22b. DATE SIGNED July 23-1966	
22a. SIGNATURE Richard C. Reynolds		22c. ATTENDING M.D. PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
22c. PHYSICIAN'S NAME (Type) Dr. Richard C. Reynolds		22d. ADDRESS 804 Toll House Ave.-Frederick-Md. 21701	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 24-1966	
23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Mt. Olivet Cemetery		23d. LOCATION (City, town or county) (State) Frederick, Md. 21701	
24. FUNERAL DIRECTOR H.R. Etchison & Son		25a. REC'D BY REGISTRAR Charles Judge	
		25b. REGISTRAR'S SIGNATURE Charles Judge	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2 Film G579 7/16/66

CERTIFICATE OF DEATH

Reg. Dist. No.

09922

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be reigned to the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with
 Page 3 should be filed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 or 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH <i>Vindobona, Braddock Heights</i>		2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission)	
a. COUNTY <i>Frederick</i>		b. STATE <i>Virginia</i> CITY <i>Richmond</i> COUNTY <i>Richmond</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Braddock Heights</i>		c. LENGTH OF STAY IN 1b <i>4 months</i>	
c. LENGTH OF STAY IN 1b <i>4 months</i>		d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Braddock Heights</i> Richmond <i>VA - 3</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Vindobona Convalescent Home</i>		e. STREET ADDRESS <i>2112 Monterio Ave.</i>	
3. NAME OF DECEASED (Type or print) <i>Lottie H. (Pigram) McIntyre</i>		f. DATE OF DEATH <i>July 16, 1966</i>	
4. DATE OF DEATH <i>July 16, 1966</i>		Month	Day
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 31, 1885</i>
9. AGE (In years last birthday) <i>80</i>		10. IF UNDER 1 YEAR <i>0</i>	11. IF UNDER 24 HRS. <i>0</i>
yrs.		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Norfolk, Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Harry L. Hodges</i>		14. MOTHER'S MAIDEN NAME <i>Pattie Peters</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>NO</i>		16. SOCIAL SECURITY NO. <i>Yes</i>	
17. INFORMANT <i>Rev. Robert P. Pigram</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	
19. MEDICAL CERTIFICATION		20. ADDRESS <i>Wt. Airy, Md.</i>	
Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>440X</i> DUE TO <i>Acute pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO (c)			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Generalized arteriosclerosis & senility</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <i>Richmond</i> (County) <i>Richmond</i> (State) <i>VA</i>	
21. I certify that I attended the deceased from <i>March, 1966</i> to <i>7/16, 1966</i> , that I last saw the deceased alive on <i>7/15, 1966</i> , and that death occurred at <i>1028</i> M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <i>Professional Building Frederick, Md.</i> DATE SIGNED	
ACTUAL SIGNATURE <i>James B. Thomas</i>		M.D. Professional Building Frederick, Md.	
PHYSICIAN'S NAME (Type) <i>Dr. James B. Thomas</i>		22b. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> 22b. DATE THEREOF <i>7/19/1966</i> 22c. NAME OF CEMETERY OR CREMATORIAL <i>Hollywood Cemetery</i> 22d. LOCATION (City, town, or county) <i>Richmond, Va.</i> (State) <i>VA</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>C. M. Waltz</i>		24a. ADDRESS <i>Box 241 Sykesville, Md.</i> 24a. REC'D BY REGISTRAR <i>Charles Judge</i> 24b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	
VS A1S (4) 15M 9/55		DATE <i>JUL 19 1966</i>	



1
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

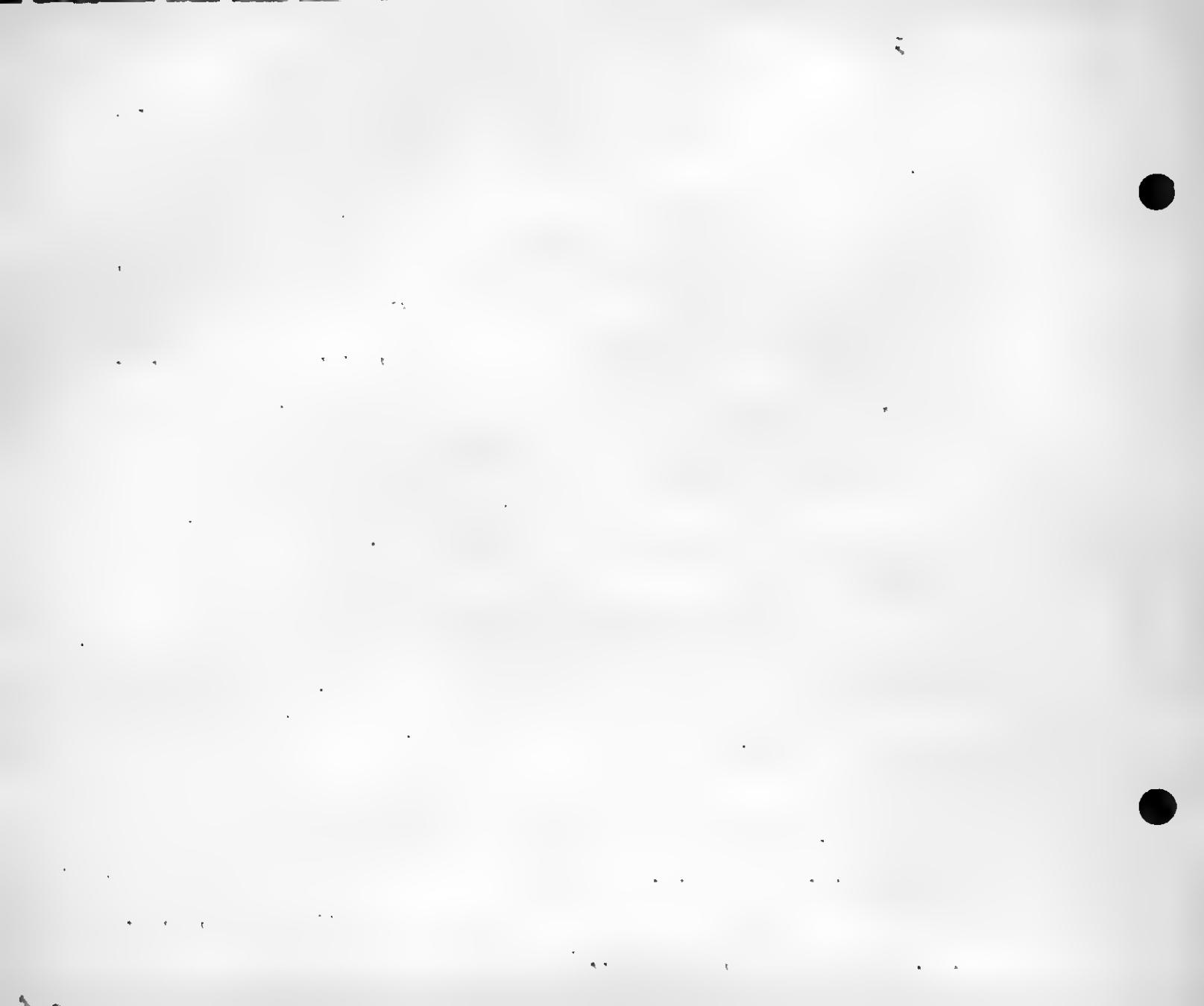
1
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CS931

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09923

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE North Carolina	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		b. COUNTY Cumberland	
c. LENGTH OF STAY IN 1b DOA		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fayetteville	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital		d. STREET ADDRESS 520 Yucca Court	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First EVELYN	Middle MARIE	Last MILLER
4. DATE OF DEATH	Month July	Day 5	Year 1966
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH 9 Sept 1929
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		9. AGE (In years last birthday) 36 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Chicago, Ill.	
13. FATHER'S NAME Joseph V. Deck		12. CITIZEN OF WHAT COUNTRY? U. S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. UNK	
17. INFIRMITY Hospital Records		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b)	
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) lost control of car & hit tree	
20c. TIME OF INJURY Hour: 7:30 p.m. 7-5-66		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
20f. (City or town) Frederick		(County) Frederick	
(State) Md.			
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>		22. DATE SIGNED July 6, 1966	
ACTUAL SIGNATURE B.O. Thomas		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) B.O. Thomas, M.D.		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Address (Street, city, town, or county) Fayetteville, N. C.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE THEREOF 7/7/66	
23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Fayetteville, N. C.		23d. LOCATION (City, town or county) (State)	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		25a. REC'D BY REGISTRAR DATE JUL 7 1966	
		25b. REGISTRAR'S SIGNATURE Charles Judge	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09924

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
Frederick MARYLAND		a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick	
c. LENGTH OF STAY IN 1b two years		d. STREET ADDRESS 1207 Fairview Avenue	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Monocacy Hall Nursing Home		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) VIRGIE A. C. MOBERLY		4. DATE OF DEATH July 11, 1966	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH December 12, 1886	
WIDOWED <input checked="" type="checkbox"/>		9. AGE (In years last birthday) 79 yrs	
10. ESSENTIAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		11. BIRTHPLACE (County & State, or foreign country) Frederick County, Md.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Simon P. Summers	
14. MOTHER'S MAIDEN NAME Amanda C. R. ?		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes give year or dates of service No	
16. SOCIAL SECURITY NO. 220-30-7689		17. INFORMANT Mrs. George Grove 334 E. Third St. Fred. Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4 + 50 Conditions, if any, which give rise to immediate cause (a), stating the underlying cause last. (b)		INTERVAL BETWEEN ONSET AND DEATH 1 day	
DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) Bronchitis pneumonia arteriosclerotic heart dis	
3 yrs		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <u>July 11, 1966</u> to <u>July 11, 1966</u> that (I) (we) last saw the deceased alive on <u>July 11, 1966</u> , and that death occurred at <u>M.</u> from the causes and on the date stated above.		22b. DATE SIGNED 7-11-1966	
22e. SIGNATURE <u>Dr. Thomas E. Stone</u>		22f. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
22c. PHYSICIAN'S NAME (Type) Dr. Thomas E. Stone M.D.		22d. ADDRESS 4 West Third Street Frederick, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 7-14-1966	
23c. NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery		23d. LOCATION (City, town or county) Frederick, Maryland	
24. FUNERAL DIRECTOR'S SIGNATURE <u>Robert E. Bailey & Son</u>		25a. REC'D BY REGISTRAR DATE JUL 14 1966	
ADDRESS Frederick, Maryland		25b. REGISTRAR'S SIGNATURE <u>John J. Murphy</u>	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

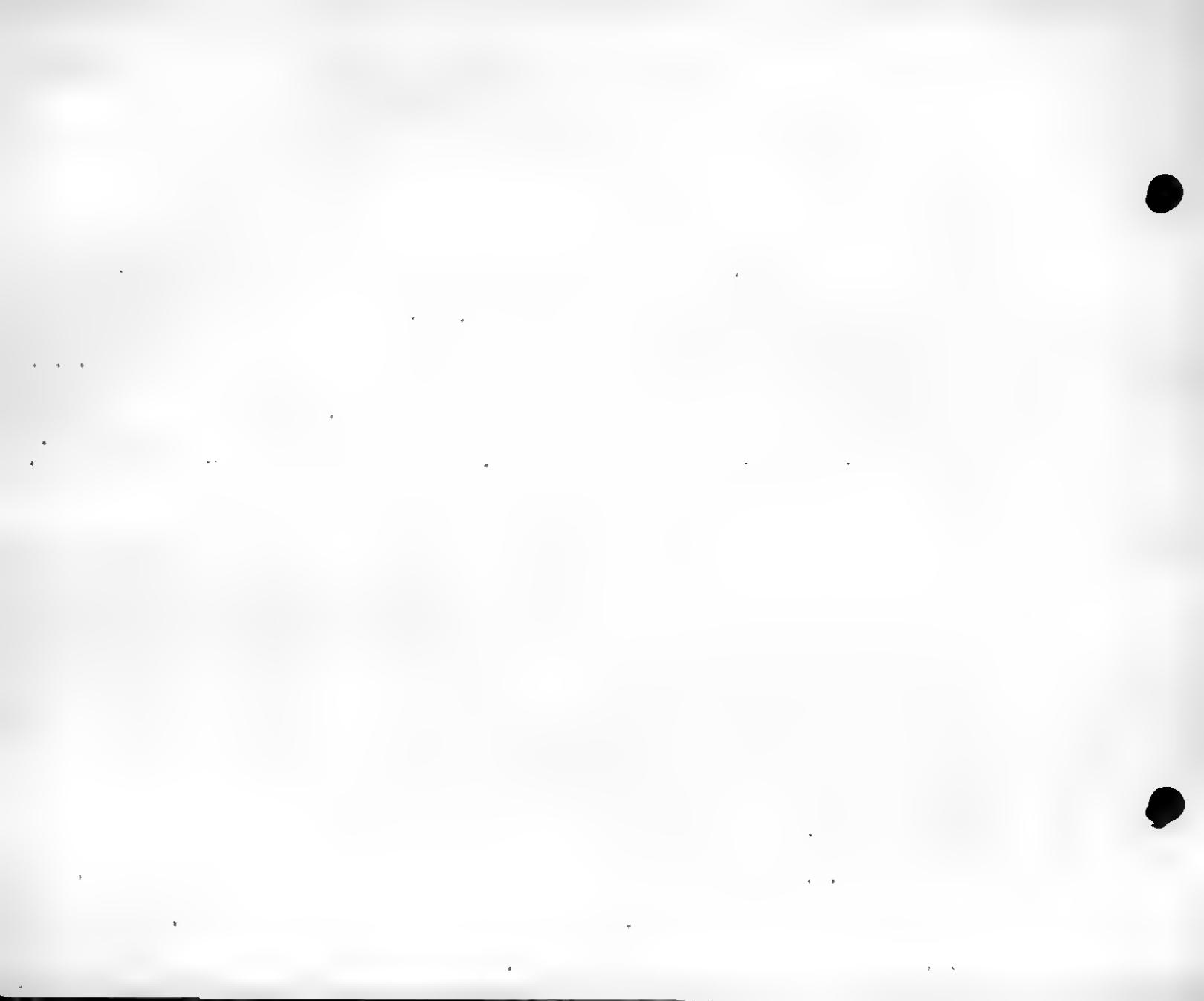
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

09933

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09925

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		b. COUNTY Frederick	
c. LENGTH OF STAY IN lb Lifetime		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7 South Market Street		d. STREET ADDRESS 7 South Market Street	
3. NAME OF DECEASED (Type or print) J. Leonard Notnagle		First J.	Middle Leonard
4. DATE OF DEATH July 25- 1966	Month July	Day 25	Year 1966
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH Jan. 15- 1892
9. AGE (in years lost birthday) 74 yrs	10. KIND OF BUSINESS OR INDUSTRY Sales Representative	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Adam Notnagle	14. MOTHER'S MAIDEN NAME Carrie B. Murphy	Address Frederick, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No		16. SOCIAL SECURITY NO 215-05-6012A	17. INFORMANT Mrs. Mary Dittmar Notnagle-7 S. Market St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4201 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)			
INTERVAL BETWEEN ONSET AND DEATH			
Acute Coronary Thrombosis			
arteriosclerotic heart disease			
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1b)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While Not While at work <input type="checkbox"/> <input type="checkbox"/> at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <i>B.O.Thomas</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) B.O.Thomas		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 28-1966	23c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery
23d. LOCATION (City or Town) Frederick, Md. 21701		(County) Frederick, Md.	(State)
24. FUNERAL DIRECTOR M.R.Etchison & Son		ADDRESS Frederick, Md. 21701	25a. REC'D BY REGISTRAR DATE JUL 28 1966
			25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>



1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please attach above carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MEDICAL CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND																	
CERTIFICATE OF DEATH																	
Item 23b File # 9338-7/2/66																	
2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)																	
a. STATE California						b. COUNTY											
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)																	
Palo Alto						4											
d. STREET ADDRESS																	
2129 Edgewood Drive																	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																	
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year	5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Male	White	WIDOWED <input type="checkbox"/>	Divorced <input type="checkbox"/>	January 11, 1913	53	2	1966	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Technical Writer	None	Fort Riley, Kansas	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
									533-16-6669	Hospital Records							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)																	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>BRONCHOPNEUMONIA; ORGANISM UNDETERMINED and PULMONARY EMPHYSEMA, SEVERE</i>																	
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) <i>PULMONARY EMPHYSEMA, SEVERE</i>																	
DUE TO (c)																	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Cor PULMONALE - PNEUMOTHORAX - Pt lung</i>																	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)																	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)																	
20c. TIME OF INJURY	Month, Day, Year	Hour a.m.	20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)										
		19	while at work <input type="checkbox"/> Not While at work <input type="checkbox"/>														
21. I certify that <input type="checkbox"/> (this hospital) attended the deceased from <i>6/30</i> , 1966, to <i>7/2</i> , 1966, that <input type="checkbox"/> (we) last saw the deceased alive on <i>7/1</i> 1966, and that death occurred at <i>5 1/2 M</i> , from the causes and on the date stated above.																	
22a. SIGNATURE <i>Richard C. Reynolds</i>																	
22b. DATE SIGNED <i>7/2/66</i>																	
22c. PHYSICIAN'S NAME (Type)	Dr. Richard C. Reynolds, M.D.	M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22d. ADDRESS	23a. BURIAL, Cremation, Removal (Specify) Removal-Burial	23b. DATE THEREOF <i>7/3/66</i>	23c. NAME OF CEMETERY OR CREMATORIAL Palo Alto, California	23d. LOCATION (City, town or county) (State)							
24. FUNERAL DIRECTOR <i>Robert E. Dailey & Son</i>																	
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>																	
DATE <i>JUL 7 1966</i>																	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09935

CERTIFICATE OF DEATH

119927

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal of any event, within 72 hours after death.

1. PLACE OF DEATH County Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. STATE b. COUNTY Maryland Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Union Bridge		c. LENGTH OF STAY IN lb Years	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Union Bridge, Route #2		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) OLIVER	First MIDDLE TRUMAN	Last PEARRE	4. DATE OF DEATH July 16, 1966
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	8. NEVER MARRIED DIVORCED <input type="checkbox"/>
10. SOCIAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		9. DATE OF BIRTH March 29, 1882	
10b. KIND OF BUSINESS OR INDUSTRY Real Estate Broker		11. BIRTHPLACE (County & State or foreign country) Union Bridge, Maryland	
13. FATHER'S NAME Oliver Hazard Pearre		14. MOTHER'S MAIDEN NAME Mary Ann Clemson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No		16. SOCIAL SECURITY NO Not available	
17. INFORMANT Address Douglas Worthington Pearre, Union Bridge, Md		18. INTERVAL BETWEEN ONSET AND DEATH Years	
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) <u>arteriosclerotic CVD</u> 4321 DUE TO Conditions, if any, which gave rise to immediate cause (a). (b) stating the underlying cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) <u>Carcinoma - Prostate</u>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from <u>7/17/66</u> to <u>7/18</u> , 19 <u>66</u> , that (I) (we) last saw the deceased alive on <u>7/17/66</u> 19 <u>66</u> , and that death occurred at <u>616A</u> , from causes and on the date stated above.		20f. (City or town) (County) (State)	
22a. SIGNATURE <u>M. E. Robertson</u>		22b. DATE SIGNED M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 7/18/66	
22c. PHYSICIAN'S NAME (Type) M. E. Robertson, M.D.		22d. ADDRESS Union Bridge, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 19, 1966	
23c. NAME OF CEMETERY OR CREMATORIAL Linganore Cemetery		23d. LOCATION (City or Town) (County) (State) Unionville, Maryland	
24. FUNERAL DIRECTOR <u>Donald M. Etchison</u> M. R. Etchison & Son, Frederick, Maryland		25a. REC'D BY REGISTRAR DATE JUL 20 1966	
		25b. REGISTRAR'S SIGNATURE <u>James Judge</u>	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

NO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

00 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

100th

1. PLACE OF DEATH a. COUNTY		Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		Frederick		c. LENGTH OF STAY IN 1b		a. STATE Maryland b. COUNTY Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)							
Frederick Memorial Hosp.-Park Ave. 530 W. Potomac St.							
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
ELTON LEROY POTTER				July	12	1966	
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS	
Male	White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	3/19/07	59 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Welder		Paper Company		Yarrowsburg-Wash.-Md.		U. S. A.	
13. FATHER'S NAME							
Emory O. Potter							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address	
(If yes give war or dates of service)		73/28-6/23/31(213-13-7148)		Elsie M. Potter-Brunswick, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Massive Cerebral Hemorrhage</i> INTERVAL BETWEEN ONSET AND DEATH <i>72 hours</i>							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO (b) <i>Cerebral arter. sclerosis</i>					
		DUE TO (c) <i></i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.		20d. INJURY OCCURRED White at work <input type="checkbox"/> Not White at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <i>7/10</i> , 19 <i>66</i> to <i>7/12</i> , 19 <i>66</i> , that (I) (we) last saw the deceased alive on <i>7/12</i> , 19 <i>66</i> , and that death occurred at <i>6:30</i> M, from the causes and on the date stated above.							
22a. SIGNATURE <i>G. F. Meador</i>							
22c. PHYSICIAN'S NAME (Type) <i>G. F. Meador, M.D.</i>		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>	
		22d. ADDRESS <i>810 10th Ave Frederick MD</i>				22e. DATE SIGNED <i>July 13/66</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF <i>7/15/66</i>		23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS <i>Church of Brethren Cemetery</i>		23d. LOCATION (City, town or county) (State) <i>Brownsburg Md.</i>	
Burial							
24. FUNERAL DIRECTOR <i>Geete Funeral Home</i>				25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE <i>G. F. Meador</i>	
				DATE <i>JUL 15 1966</i>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

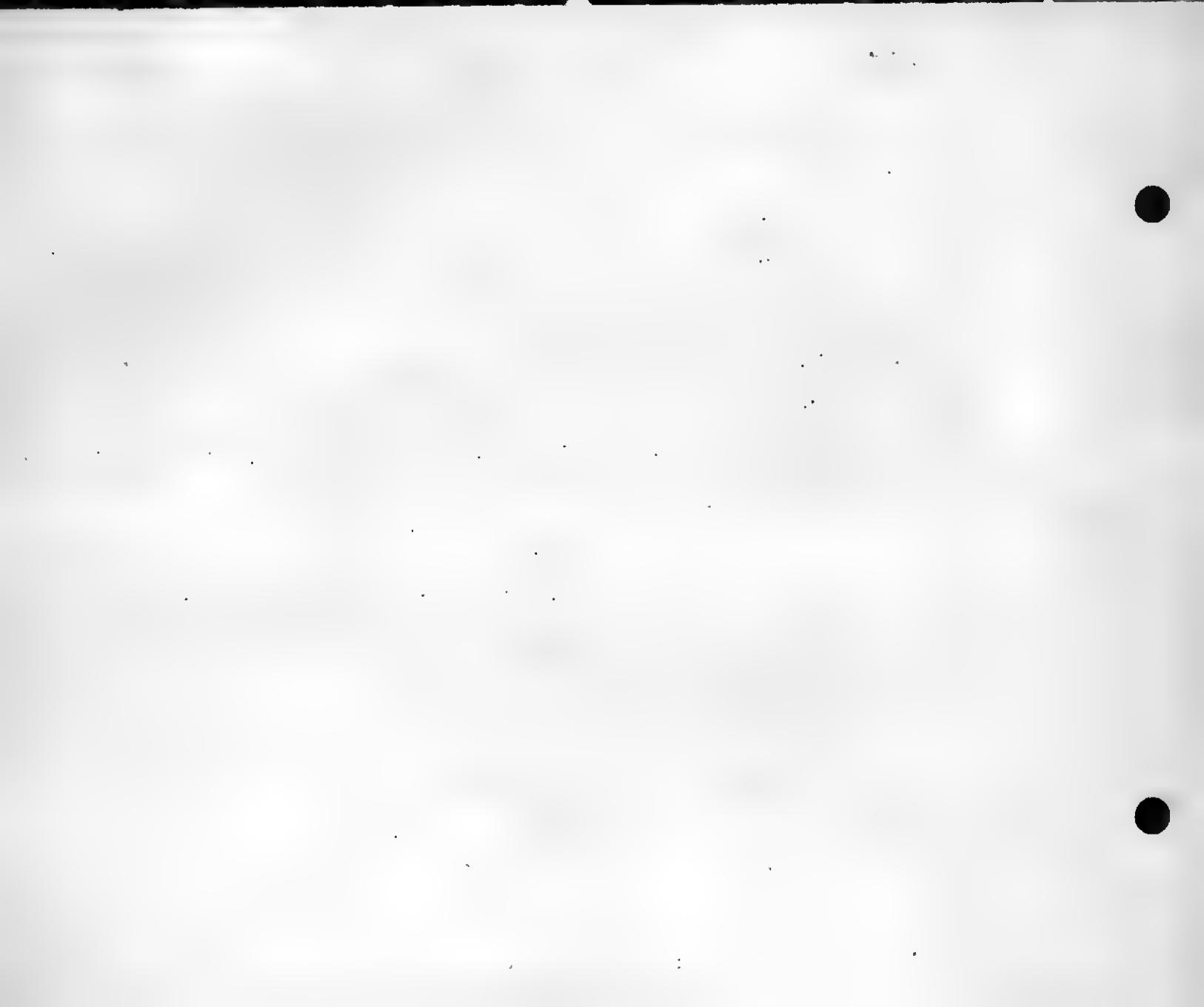
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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CS937
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09929

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF STAY IN 1b 1 day		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital		d. STREET ADDRESS S. Church St.				
3. NAME OF DECEASED (Type or print)	First Ivan	Middle R.	Last Routzahn			
4. DATE OF DEATH	7	Month	Day Year 27 1966			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/8/1899			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) service manager		10b. KIND OF BUSINESS OR INDUSTRY power company				
11. BIRTHPLACE (County & State, or foreign country) Frederick Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME Elmer C. Routzahn		14. MOTHER'S MAIDEN NAME Maud Remsberg				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes give war or dates of service) yes W.W.I		16. SOCIAL SECURITY NO. 214-10-4124 17. INFORMANT Mrs. Olive Routzahn, Middletown, Md. Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute + Ch. Cardiac resp. failure</i> INTERVAL BETWEEN ONSET AND DEATH 3 Mos. Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO (b) <i>Chronic Cor Pulmonale</i> 1962 (c) <i>Chronic Pulmonary Emphysema</i> 1950(?)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20d. INJURY OCCURRED p.m. While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) 7/21 (County) 1962 (State) 1966
21. I certify that (I) (this hospital) attended the deceased from 7/26 to 7/21 , 1966, that (I) (we) last saw the deceased alive on 7/26 1966 and that death occurred at 7 A.M. from the causes and on the date stated above.		22. SIGNATURE <i>Charles H. Conley, Jr.</i>		22b. DATE SIGNED 7/28/66		
22c. PHYSICIAN'S NAME (Type) Dr. Charles H. Conley, Jr. Frederick, Md.		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22d. ADDRESS		
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) burial 7/29/66		23c. NAME OF CEMETERY OR CREMATORIUM Lutheran Cemetery		23d. LOCATION (City, town or county) Middletown, Md. (State)		
24. FUNERAL DIRECTOR ADDRESS Gladhill Company, Middletown, Md.		25a. REC'D BY REGISTRAR Charles Judge		25b. REGISTRAR'S SIGNATURE		
VR A15 (4) 20M 1/65		DATE AUG 1 1966				



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1
M

2

29938

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09930

1. PLACE OF DEATH 2. COUNTY Frederick		3. LENGTH OF STAY IN 1b MARYLAND 6 weeks		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Middletown		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Burkittsville, Md.		d. STREET ADDRESS		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Valley View Nursing Home				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)	First Edgar	Middle Young	Last Shafer	4. DATE OF DEATH July	Month Day Year 11 1966	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH March 28, 1881	9. AGE (In years last birthday) 85 yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (County & State, or foreign country) Frederick, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George C. Shafer		14. MOTHER'S MAIDEN NAME Julia Young				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None		17. INFORMANT Evenlyn Shafer, Burkittsville, Md.		Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						INTERVAL BETWEEN ONSET AND DEATH 3 days
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia						
4341 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Pyelonephritis						3 months
DUE TO (c) Congestive Heart Failure						1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from Jan 4, 1966, to July 11, 1966, that (I) (we) last saw the deceased alive on July 11, 1966, and that death occurred at 2:10 A.M., from the causes and on the date stated above.						22b. DATE SIGNED July 11, 1966
22a. SIGNATURE 						M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS C.T. Byron Kao M.D. Brunswick, Maryland
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 14, 1966		23c. NAME OF CEMETERY OR CREMATORIUM Union Cemetery		23d. LOCATION (City, town or county) Burkittsville, Md. (State)
24. FUNERAL DIRECTOR Gladhill Company		ADDRESS Middletown, Md.		25a. REC'D BY REGISTRAR DATE JUL 14 1966		25b. REGISTRAR'S SIGNATURE Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09931

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		b. COUNTY Frederick	
c. LENGTH OF STAY IN 1b months		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Monocacy Hall Nursing Home		d. STREET ADDRESS 11 West Third Street	
3. NAME OF DECEASED (Type or print) MARY		4. DATE OF DEATH July 12 1966	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH February 23, 1869	
9. AGE (in years last birthday) 97 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Practical Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing	
10c. BIRTHPLACE (County & State, or foreign country) Taylor Co. West Virginia		10d. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William J. Butcher		14. MOTHER'S MAIDEN NAME Elizabeth Kennedy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Pauline Sheets		Address 11 West Third St. City	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH 1yr 4 years	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		DUE TO	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b)		DUE TO	
} (c)		General Arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)	
		(County) (State)	
21 I certify that (I) (this hospital) attended the deceased from July 11, 1966, to July 12, 1966, that (I) (we) last saw the deceased alive on July 11, 1966, and that death occurred at M, from the causes and on the date stated above.			
22a. SIGNATURE Thomas E. Stone		22b. DATE SIGNED 7-12-66	
22c. PHYSICIAN'S NAME (Type) Thomas STONE		ATTENDING PHYS. <input type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
22d. ADDRESS Frederick, MD			
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Removal-Burial 7-15-66		23c. NAME OF CEMETERY OR CREMATORIAL Heavener Cemetery	
23d. LOCATION (City, town or county) Buchannon, West Virginia		(State)	
24. FUNERAL DIRECTOR'S SIGNATURE Robert E. Darley & Son		25a. REC'D BY REGISTRAR DATE 11-11-66	
ADDRESS Frederick, Maryland		25b. REGISTRAR'S SIGNATURE DATE 11-11-66	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09932

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown-Rural		c. LENGTH OF STAY IN 1b Since 7/1/61	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Valley View Nursing Home		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) GENEVA		First ADELL	Middle SMITH
4. DATE OF DEATH July 15, 1966		Month July	Day 15
5. SEX Female		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH 28 April 1868		9. AGE (In years last birthday) 98 yrs.	10. IF UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. IF UNDER 24 HRS. Days 0
13. FATHER'S NAME Levi J. Wolfe		12. CITIZEN OF WHAT COUNTRY? Frederick County, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 211-44-2764	17. INFORMANT Address Kieffer Knill, Woodbine, Maryland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		19. INTERVAL BETWEEN ONSET AND DEATH 3 days	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		Years Years	
232 X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Generalized arteriosclerosis			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from Sept 1968 to 7/14 1966 , that (I) (we) last saw the deceased alive on 7/2 1966 , and that death occurred at 12:25 P.M. from the causes and on the date stated above.		22b. DATE SIGNED 16 July 1966	
22a. SIGNATURE James B. Thomas		22b. ADDRESS 228 N. Market St., Frederick, Md.	
22c. PHYSICIAN'S NAME (Type) James B. Thomas, M. D.		23d. LOCATION (City, town or county) Frederick, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 7/18/66	23c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery
24. FUNERAL DIRECTOR Frank R. Smith		ADDRESS M. R. Etchison & Son, Frederick, Md. 21701	25a. REC'D BY REGISTRAR DATE JUL 20 1966
			25b. REGISTRAR'S SIGNATURE J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2, from this certificate. Item 9 Film 6379 9/1/60 mn

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND															
CERTIFICATE OF DEATH 19933															
Item 9 Film 6379 9/1/60 mn															
1. PLACE OF DEATH a. COUNTY		FREDERICK		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)		b. STATE Maryland b. COUNTY Fred.							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		FREDERICK		c. LENGTH OF STAY IN 1b 1 day		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Frederick							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		FREDERICK MEMORIAL				d. STREET ADDRESS		58 Carver Apts.							
3. NAME OF DECEASED (Type or print)		First LEE	Middle BABY	Last ERIC	4. DATE OF DEATH	Month July	Day 24	Year 1966	b. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
5. SEX M		6. COLOR OR RACE C	7. MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. UNDER 1 YEAR IF UNDER 24 HRS	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME CLINTON SMITH	14. MOTHER'S MAIDEN NAME RUTH ANN WILLS				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		23 July 66		Months 25	Days 10	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME CLINTON SMITH		14. MOTHER'S MAIDEN NAME RUTH ANN WILLS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
						PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: 1110				CEREBRAL HEMORRHAGE				INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO (b) HEMORRHAGIC DISEASE OF NEWBORN													
DUE TO (c)															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)															
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)													
20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED p.m. 19 while at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)											
21. I certify that (I) (this hospital) attended the deceased from 24 July 1966, to 24 July 1966, that (I) (we) last saw the deceased alive on 24 July 1966, and that death occurred at M, from the causes and on the date stated above.		22a. SIGNATURE F. J. Heidorich										22b. DATE SIGNED 24 July 66			
22c. PHYSICIAN'S NAME (Type) F. J. Heidorich		ATTENDING M.D. PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22d. ADDRESS		23a. BURIAL, CREMATION, REMOVAL (Specify) RELEASE TO HOSPITAL 7/24/66		23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS		23d. LOCATION (City, town or county) (State)		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
24. FUNERAL DIRECTOR P. David Youngdale		FREDERICK MEMORIAL HOSPITAL		FREDERICK, FREDERICK, MD.		DATE JUL 27 1966		CHARLES JUDGE							



1
FOR STATE
HEALTH DEPT.

is necessary,
please enclose
certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the
Chief Medical Examiner's Office along with form PM3. Page 3 may be retained for your files.
4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial permit. File pages 1 and 2 with the State Board of Health
or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09934

1. PLACE OF DEATH

a. COUNTY

Frederick

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Frederick

c. LENGTH OF STAY IN 1b

MARYLAND

Years

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

423 Sherman Avenue

3. NAME OF
DECEASED
(Type or print)

First

IBA

Middle

VIVIAN

Last

SUMMERS

4. DATE
OF
DEATH

Month Day Year

July 22, 1966

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED NEVER MARRIED

WIDOWED

DIVORCED

8. DATE OF BIRTH

19 Dec 1885

9. AGE (In years
last birthday)

80
yrs.

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IS RESIDENCE
ON A FARM?
YES NO

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

House-work

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Fincastle, Va.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

John A. Cronise

14. MOTHER'S MAIDEN NAME

Nettie Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war and date of service)

No

16. SOCIAL SECURITY NO. 17. INFORMANT

212-32-4263 Mrs. O. Christine Smith, Frederick, Md. 21701

Add 425 Sherman Ave.,

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY;
IMMEDIATE CAUSE (a)

Strangulation Due To Hanging

INTERVAL BETWEEN
ONSET AND DEATH
Minutes

X DUE TO

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

(b)

DUE TO

(c)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?

YES NO

20e. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

Hanged self in basement at residence

20c. TIME OF INJURY Month, Day, Year
Hour XXX 7-22 19 66

20d. INJURY OCCURRED

Wh. Not Wh.
el work at work

20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

Home Frederick-Frederick-Maryland

21. I certify that I took charge of the remains described above, held an Autopsy , Inspect.on , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner

CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATE SIGNED

ACTUAL
SIGNATURE

B. O. Thomas, M. D.

Address (Street, city, town, or county)

23 July 1966

22a. BURIAL, CREMATION, REMOVAL (Spec fy)

Burial

22b. DATE THEREOF

7/25/66

22c. NAME OF CEMETERY OR CREMATORI

Mount Hope Cemetery

22d. LOCATION (City, town, or county)

Woodsboro, Maryland

(State)

23. FUNERAL DIRECTOR

Frank R. Hutchison Jr.

ADDRESS
M. R. Hutchison & Son, Frederick, Md. 21701

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE JUL 25 1966

VS. ATME
5M 7/59



1
FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

19935

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN TD years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7 East Patrick Street				d. STREET ADDRESS 7 East Patrick Street				
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print)		First ARLAN	Middle JAMES	Last SWARTZ	4. DATE OF DEATH July 1 1966	Month July	Day 1	Year 1966
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH April 28, 1920	9. AGE (In years last birthday) 46 yrs.	10. UNDER 1 YEAR Months 0	11. UNDER 24 HRS. Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mr. Drug Store		10b. KIND OF BUSINESS OR INDUSTRY Drug Store		11. BIRTHPLACE (State or foreign country) Bethelhem, Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Charles W. Swartz				14. MOTHER'S MAIDEN NAME Ethel V. Heppstein				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Yes W.W. 2		16. SOCIAL SECURITY NO. 169-12-8141		17. INFORMANT Mrs. Mary Frances Swartz Frederick, Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which give rise to Immediate cause (a), stating the underlying cause last. (b) (c)				INTERVAL BETWEEN ONSET AND DEATH Gunsht wound of chest, heart & lung				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Shot self in chest				
20c. TIME OF INJURY Month, Day, Year Hour: a.m. 10 p.m. 7-1 1966		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home		20f. (City or town) (County) (State) Frederick - Frederick Md.		
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
ACTUAL SIGNATURE B.O. Thomas, M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/>				
EXAMINER'S NAME (Type) B.O. Thomas, M.D.				M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>				
22. DATE SIGNED 7-2-66				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				
Address (Street, city, town, or county)								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 7-4-1966		23c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		23d. LOCATION (City, town or county) (State) Frederick, Maryland		
24. FUNERAL DIRECTOR Robert E. Dailey & Son		ADDRESS Frederick, Md.		25a. REC'D BY REGISTRAR DATE JUL 7 1966		25b. REGISTRAR'S SIGNATURE Charles Judge		

To DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 1 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and it should be executed within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

100046 09936

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE	
Frederick MARYLAND		Maryland Howard	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
Frederick		Woodbine	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Frederick Memorial Hospital			
3. NAME OF DECEASED (Type or print)	First	Middle	Last
Wilbert	A.		Thorn
4. DATE OF DEATH	Month	Day	Year
	July	20	1966
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH
M	C	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	Dec. 28, 1892
9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 24 HRS	
73 yrs.	Months	Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Address	
John Thorn	Mary Duckett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute pulmonary edema DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) arteriosclerotic heart disease DUE TO (c)			
INTERVAL BETWEEN ONSET AND DEATH 2 days 3 hrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from July 20, 1966, to July 20, 1966, that (I) (we) last saw the deceased alive on July 20, 1966, and that death occurred at 2:30 P.M. from the causes and on the date stated above.			
22a. SIGNATURE		22b. DATE SIGNED	
Henry V. Chase		20 July 66	
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
Henry V. Chase		4E Church St Frederick Md	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS	23d. LOCATION (City, town or county) (State)
Burial	7/23/66	Bush Park	Cookesville Md.
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Robert L. Snowden Rockville, Md.		DATE JUL 20 1966	REG'D



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												09937			
CERTIFICATE OF DEATH															
1. PLACE OF DEATH a. COUNTY			Frederick MARYLAND			2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)			a. STATE			b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			Frederick years			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			Maryland			Frederick			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			Frederick Memorial Hospital			d. STREET ADDRESS			111 E. Second St.			b. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			First	Middle	Lost	4. DATE OF DEATH	Month	Day	Year						
5. SEX			6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS	12. IF UNDER 1 YEAR	13. Months	Days	Hours	Min.		
Female			White	WIDOWED <input checked="" type="checkbox"/> DIVDRCD <input type="checkbox"/>	Nov. 16-1886	79 yrs.								U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (County & State, or foreign country)			12. CITIZEN OF WHAT COUNTRY?						
Homemaker			-----			Union Bridge, Md.									
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT			Address
Edward Reisler			Emma Florence Stoner			No			220-44-2074			Mrs. Carroll Albaugh-111 E. 2nd. St.			Frederick, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]															
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolism, thrombotic</u> INTERVAL BETWEEN ONSET AND DEATH DUE TO 4-15-1															
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Phlebothrombosis, right lower extremity</u>															
DUE TO (c)															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Chronic cholecystitis; cholelithiasis</u>															
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)			20c. TIME OF INJURY Month, Day, Year			20d. INJURY OCCURRED			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) (County) (State)
Hour a.m. p.m.			While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>			19									
21. I certify that (I) (this hospital) attended the deceased from <u>July 20, 1966</u> , to <u>July 25 1966</u> , that (he) last saw the deceased alive on <u>July 24, 1966</u> , and that death occurred at <u>1255PM</u> , from the causes and on the date stated above.															
22a. SIGNATURE <u>Thomas E. Stone</u>															
22c. PHYSICIAN'S NAME (Type)			M.D. ATTENDING PHYS. <input type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22b. DATE SIGNED			7.25.66						
Thomas E. Stone						22d. ADDRESS			4 West Third St.- Frederick-Md.21701						
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE THEREOF			23c. NAME OF CEMETERY OR CREMATORI			23d. LOCATION (City, town or county) (State)						
Burial			July 28-1966			Rock Run Cemetery			Near Darlington, Maryland						
24. FUNERAL DIRECTOR			ADDRESS			25a. REC'D BY REGISTRAR			25b. REGISTRAR'S SIGNATURE						
M.R.Etchison & Son			Elwood T. Frederick, Md.			Charles Juge			DATE AUG 1 1966						
VR A15 (4) 15M 4-64															

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09938

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		b. COUNTY Frederick	
c. LENGTH OF STAY IN 1b Hours		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital		d. STREET ADDRESS 1418 W. 11th. Street	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Irene	Middle Mary	Last Toth
4. DATE OF DEATH July 4	Month 3	Day 1966	Year
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH August 22, 1920
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. AGE (in years) 45 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dietician		10b. KIND OF BUSINESS OR INDUSTRY Fred. Mem. Hospital	
11. BIRTHPLACE (County & State, or foreign country) Phoenixville, Pa.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Frank A. Toth		14. MOTHER'S MAIDEN NAME Mary Meszaros	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 206 16 8824	
17. INFORMANT Gerald F. Toth, Kimberton, Pa.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4201 Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 5 hours Acute coronary thrombosis Arteriosclerotic heart disease	
DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office/bldg., etc.)
20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from July 2, 1966, to July 3, 1966, that (II) (we) last saw the deceased alive on July 3, 1966, and that death occurred at 4 A.M., from the causes and on the date stated above.			
22a. SIGNATURE Henry V. Chase		22b. DATE SIGNED 3 July 66	
22c. PHYSICIAN'S NAME (Type) Henry V. Chase		M.O. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS 4 E. Church St Frederick, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. NAME OF CEMETERY OR CREMATORIAL Sacred Heart Cemetery	
23b. DATE THEREOF July 7, 1966		23d. LOCATION (City, town or county) Phoenixville, Pa.	
24. FUNERAL DIRECTOR Donald W. Addley M.R. Etchison, Frederick, Maryland		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JULY 6 1966 M. L. Judge	

FOR STATE
HEALTH DEPT.

CS947

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09939

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased resided if in institution. Residence before admission) a. STATE Maryland		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b D.O.A.		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Mem. Hospital		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Damascus		
d. STREET ADDRESS 26621 Ridge Rd.		e. S. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Charles Owens Tschiffely		4. DATE OF DEATH July 24	Month Day Year 19 66	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED <input type="checkbox"/> NEVER MARRIED	8. DATE OF BIRTH May 24, 1911	
9. AGE (In years last birthday) 55 yrs	10. KIND OF BUSINESS OR INDUSTRY Floor Co.	11. BIRTHPLACE (State or foreign country) Washington, D.C.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME C. Stott Tschiffely	14. MOTHER'S MAIDEN NAME Ama Smoot	Address		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO 220-34-4106	17. INFORMANT Mrs Catherine L. Tschiffely, Item 2	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 322.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) (c) DUE TO Congestive Heart Failure 18/1/1966	INTERVAL BETWEEN ONSET AND DEATH
PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Spinal fluid showed 0.22 per cent Ethyl Alcohol				
19. WAS AN AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Ft. Myer, Virginia	(County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>				
ACTUAL SIGNATURE <i>B.O. Thomas</i>	CHIEF MEDICAL EXAMINER <input type="checkbox"/>			22. DATE SIGNED 24 July 1966
EXAMINER'S NAME (Type) B.O. Thomas, M.D.	ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			DEPUTY MEDICAL EXAMINER <input type="checkbox"/>
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF July 27, 1966	23c. NAME OF CEMETERY OR CREMATORIAL Arlington National	23d. LOCATION (City or Town) (County) (State) Ft. Myer, Virginia	
24. FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md.	ADDRESS	25a. REC'D BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE	
DATE JUL 27 1966		DATE JUL 27 1966		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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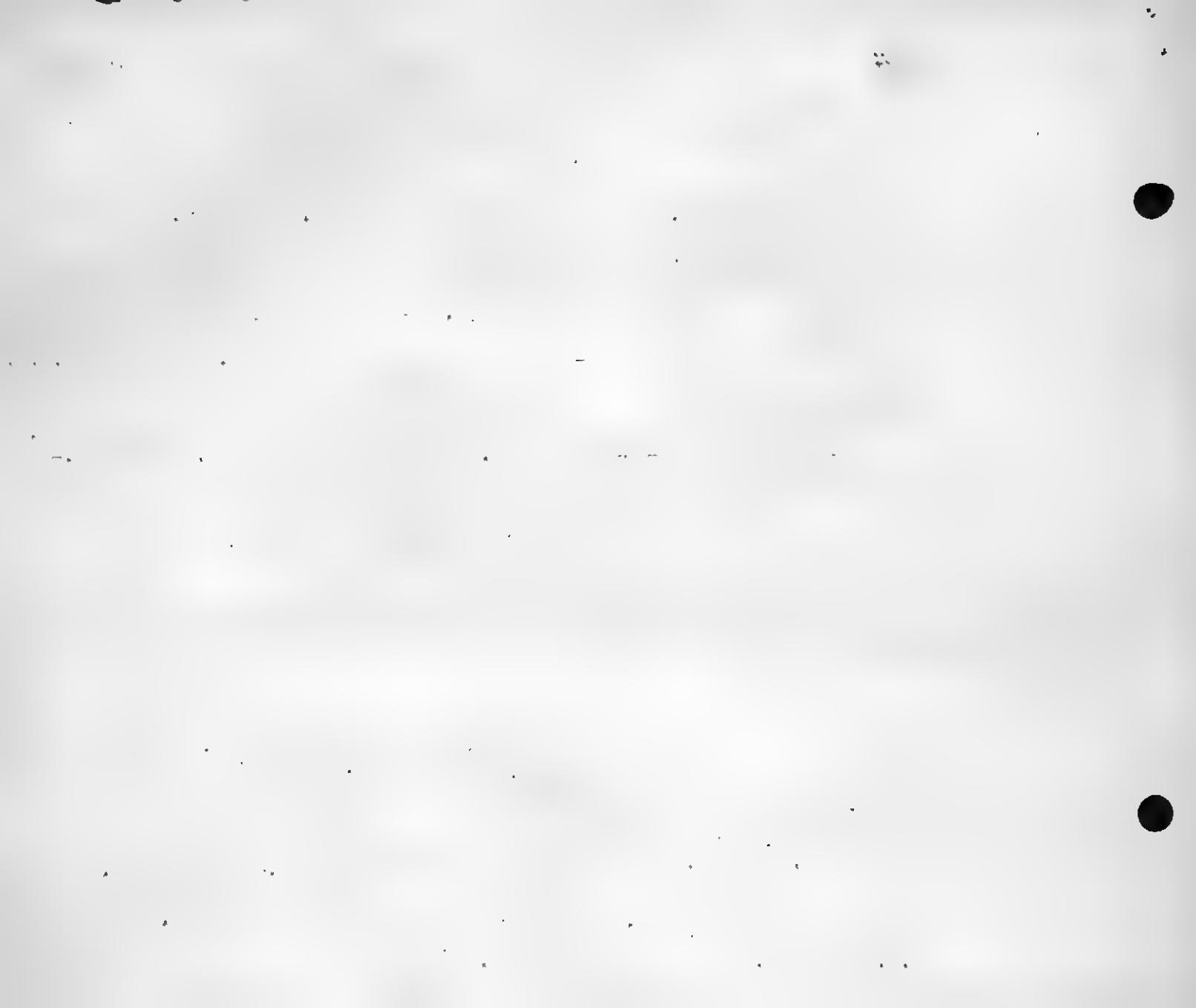
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

05948

CERTIFICATE OF DEATH

09940

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b years	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 411 South Market St.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
3. NAME OF DECEASED (Type or print) Manzella		First None	Middle Wachter
4. DATE OF DEATH July 23- 1966		5. SEX Female	6. COLOR OR RACE White
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		8. DATE OF BIRTH Oct. 16- 1874	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (County & State, or foreign country) Frederick County, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Nathaniel Wesley Bell		14. MOTHER'S MAIDEN NAME Elizabeth Ellen Perry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> If yes give war or dates of service) No		16. SOCIAL SECURITY NO. 217-48-3752	
17. INFORMANT Mrs. Bertha Nicholson-411 S. Market St.-		Address Frederick-Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4321 Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH 6 hours. Congestive Heart Failure Arterosclerotic cardiovascular disease 8 years.	
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office/bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from July 24, 1966, to July 27, 1966, that (I) (we) last saw the deceased alive on July 24, 1966, and that death occurred at 2 P.M. from the causes and on the date stated above.		22b. DATE SIGNED July 24-1966	
22a. SIGNATURE LeRoy T. Davis		22d. ADDRESS Professional Bldg.-Frederick-Md. 21701	
22c. PHYSICIAN'S NAME (Type) Dr. LeRoy T. Davis		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE THEREOF July 26-66		23c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery	
24. FUNERAL DIRECTOR M.R. Etchison & Son		23d. LOCATION (City, town or county) (State) Frederick, Md. 21701	
ADDRESS Frederick, Md.		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles Judge DATE JUL 26 1966	



1
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 may be used as a burial-transit permit, file pages 1 and 2 with the State Department of Health or its designee agent, prior to burial, removal, or removal within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09941

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE		
Frederick MARYLAND		Maryland		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		b. COUNTY		
Frederick Years		Frederick		
c. LENGTH OF STAY IN 1b		d. STREET ADDRESS		
		1205 Staley Ave.		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Frederick Memorial Hospital				
3. NAME OF DECEASED (Type or print)		First	Middle	
		Helen	E.	
4. LAST		5. DATE OF DEATH	Month	
		Wenzel	Day	
6. SEX		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)
Female		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	Feb. 7- 1910	56 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)
Homemaker				Maryland
12. CITIZEN OF WHAT COUNTRY?				U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Walter Wachter		Annie Filby		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> No		16. SOCIAL SECURITY NO.		17. INFORMANT
		220-16-1116		Address
				Md. Charles Wenzel-1205 Staley Ave. Frederick-
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Pulmonary Embolism, Thrombotic Acute		
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO (b)	Pelvic Vein Thrombosis	
		DUE TO (c)	Carcinoma of the Ovary	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b)		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Oophorectomy - Hysterectomy - Hydrocephalus - Pelvic				
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED White at work <input type="checkbox"/> Not White at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
19				
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>				
ACTUAL SIGNATURE EXAMINER'S NAME (Type)		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Address (Street, city, town, or county)		
B.O.Thomas, M.D.		22. DATE SIGNED July 19, 1966		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 23-66	23c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet Cemetery	23d. LOCATION (City, town or county) (State) Frederick, Md. 21701
24. FUNERAL DIRECTOR M.R.Etchison & Son		ADDRESS Frederick, Md.	25a. REC'D BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE
			DATE JUL 22 1966	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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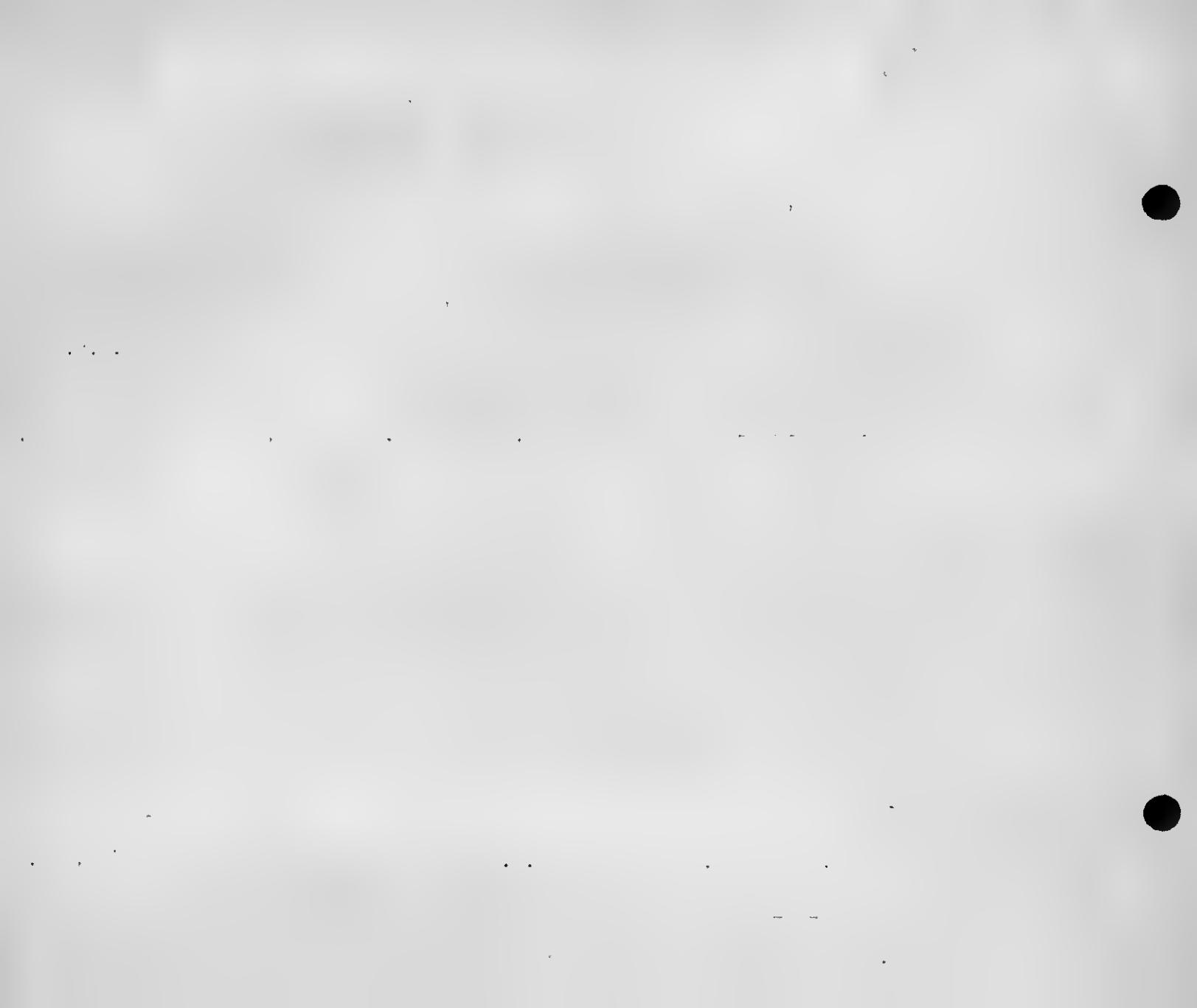
CERTIFICATE OF DEATH

09942

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick		b. COUNTY Frederick	
c. LENGTH OF STAY IN 1b 2 Weeks		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Union Bridge	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Frederick, Memorial Hospital		d. STREET ADDRESS Route # 2	
3. NAME OF DECEASED (Type or print) JOHN WOODROW WOLFE		First	Middle
4. SEX Male		Last	4. DATE OF DEATH July 22, 1966
5. COLOR OR RACE White		5. MARRIED WIDOWED	6. DATE OF BIRTH May 29, 1912
7. MARRIED X NEVER MARRIED		7. AGE (in years last birthday) 54 yrs.	
8. DATE OF BIRTH May 29, 1912		8. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (County & State, or foreign country) Frederick County, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Daniel W. Wolfe		14. MOTHER'S MAIDEN NAME Cora Baker	
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. 215-36-8333	
17. INFORMANT Mrs. Mildred E. Wolfe Rt. # 2 Union Bridge, Md.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH 12 days Many years	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. } (b) DUE TO Chronic alcoholism		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) Chronic alcoholism	
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour e.m. p.m. 19		20d. INJURY OCCURRED While at work Not While at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town)		(County) (State)	
21. I certify that (I) (this hospital) attended the deceased from July 10, 1966 to July 22, 1966, that (I) (we) last saw the deceased alive on July 22, 1966, and that death occurred at 4:00 P.M. from the causes and on the date stated above		22b. DATE SIGNED 7-22-1966	
22c. SIGNATURE Dr. Gilcin F. Meadors M.D.		ATTENDING PHYS. X	MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>
22c. PHYSICIAN'S NAME (Type) Dr. Gilcin F. Meadors M.D.		22d. ADDRESS 810 Toll House Avenue Frederick, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 7-25-1966	
23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Beaver Dam Cemetery Frederick, Maryland		23d. LOCATION (City, town or county) Frederick County, Maryland	
24. FUNERAL DIRECTOR'S SIGNATURE Robert E. Dailey & Son		25a. REC'D BY REGISTRAR DATE JUL 26 1966	
25b. REGISTRAR'S SIGNATURE Charles Judge			



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

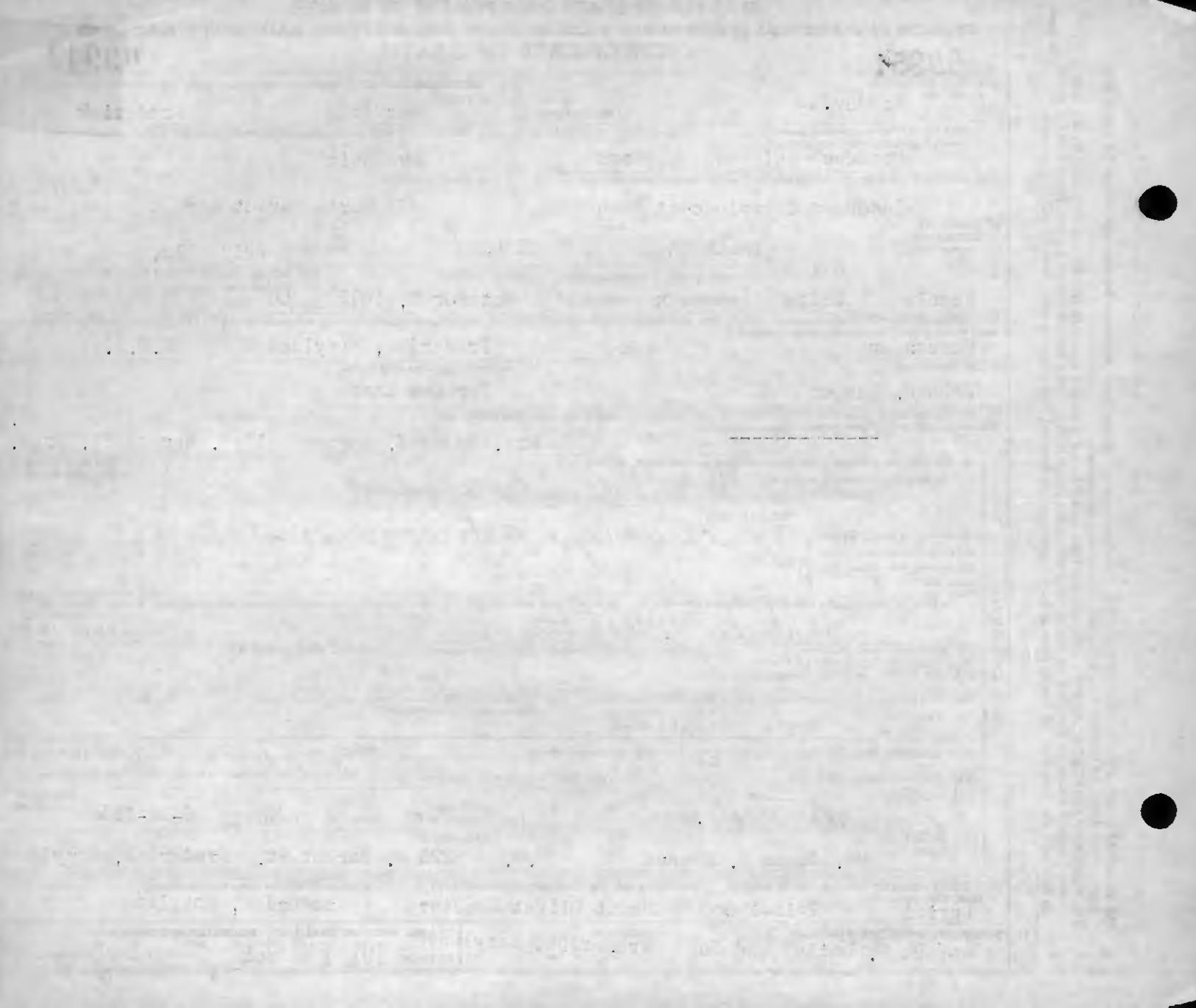
CERTIFICATE OF DEATH

09943

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Braddock Heights		b. COUNTY Frederick	
c. LENGTH OF STAY IN 1b years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Vindobona Convalescent Home		d. STREET ADDRESS 412 North Market Street	
3. NAME OF DECEASED (Type or print) VALLETTA		4. DATE OF DEATH Last Month Day Year YINGER July 12, 1966	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH October 2, 1875	
9. AGE (In years last birthday) 90 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (County & State, or foreign country) Frederick, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John H. Bender		14. MOTHER'S MAIDEN NAME Barbara Lease	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Helen Y. Magaha		Address 412 N. Market St. Fred.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		Md.	
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) 331X		INTERVAL BETWEEN ONSET AND DEATH late	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)		DUE TO Generalized arteriosclerosis	
DUE TO Diabetes Mellitus		(c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from....., 1966, to....., 1966, that (I) (we) last saw the deceased alive on....., 1966, and that death occurred at.....M, from the causes and on the date stated above.			
22a. SIGNATURE James B. Thomas		22b. DATE SIGNED 7-12-1966	
22c. PHYSICIAN'S NAME (Type) Dr. James B. Thomas		M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 7-15-1966	
23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		23d. LOCATION (City, town or county) Frederick, Maryland	
24. FUNERAL DIRECTOR'S SIGNATURE ROBERT E. Dailey and Son		ADDRESS Frederick, Maryland	
25a. REC'D BY REGISTRAR DATE JUL 18 1966		25b. REGISTRAR'S SIGNATURE Charles Judge	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

09952

CERTIFICATE OF DEATH

09944

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		b. COUNTY Frederick	
c. LENGTH OF STAY IN lb 3 weeks		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Monocacy Hall Nursing Home		d. STREET ADDRESS 110 West Third Street	
3. NAME OF DECEASED (Type or print) IRMA RAE ZIMMERMAN		4. DATE OF DEATH July 31, 1966	
First Middle Last		Month	Day
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH February 10, 1896	
WIDOWED <input checked="" type="checkbox"/>		9. AGE (In years last birthday) 70 yrs.	
DIVORCED <input type="checkbox"/>		10. BIRTHPLACE (County & State, or foreign country) Frederick County, Maryland	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		11. CITIZEN OF WHAT COUNTRY US.A.	
10b. KIND OF BUSINESS OR INDUSTRY None		12. MOTHER'S MAIDEN NAME Esta Nikirk	
13. FATHER'S NAME Melvin A. E. Biser		14. MOTHER'S MAIDEN NAME Esta Nikirk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 219-46-3376	
17. INFORMANT Mr. Charles H. Zimmerman		Address Rt. # 4 Mt. Airy, Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerosis</i> Heart Disease DUE TO <i>4200</i>			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____			
INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a.m. 19 p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <i>Sept. 25</i> , 1966 to <i>July 31</i> , 1966, that (I) (we) last saw the deceased alive on <i>July 31</i> , 1966, and that death occurred at <i>10 A.M.</i> from the causes and on the date stated above.			
22e. SIGNATURE <i>Thomas E. Stone</i>		M.D.	
22c. PHYSICIAN'S NAME (Type) Dr. Thomas E. Stone		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
22d. ADDRESS 4 West Third Street		7-31-1966	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 8-3-1966	
23c. NAME OF CEMETERY OR CREMATORIAL Reformed Cemetery		23d. LOCATION (City, town or county) (State) Middletown, Maryland	
24. FUNERAL DIRECTOR'S SIGNATURE Robert E. Dailey & Son		ADDRESS Frederick, Maryland	
25a. REC'D BY REGISTRAR AUG 4 1966		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

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